



**Faculty:** Please provide a Grade Report below, or comments on class participation, attendance, or work completed.

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Quarter: \_\_\_\_\_

Course	Units	Professor	# of Absences	Grade	Needs Tutor	Signature	Comments

*Contact:*  
Joshua Rivera  
CAS Dean's Office, La Sierra Hall 221  
jriviera1@lasierra.edu  
951-785-2211

CAS Use Only:	Received: _____	Comments:
	Reviewed: _____	
	Student Interviewed: _____	