



# TRANSFER APPLICANT GRADE PROGRESS REPORT

## Transfer Applicant Information

In order to gain a sense of your academic pursuits during the current semester, please have each of your professors provide a progress/mid-semester grade in the space below. After your professors have completed this information, please return the *original* to the **Office of Undergraduate Admission, Fairfield University, 1073 North Benson Road, Fairfield, CT 06824.**

Name of Applicant: \_\_\_\_\_

Current University/College: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Applying for:    Fall Semester \_\_\_\_\_                      Spring Semester \_\_\_\_\_                      Year \_\_\_\_\_

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Course Number	Course Title	Professor's Name (please print)	Professor's Signature	Current Grade
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1) _____	_____	_____	_____	_____
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Comments (optional): \_\_\_\_\_

2) _____	_____	_____	_____	_____
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Comments (optional): \_\_\_\_\_

3) _____	_____	_____	_____	_____
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Comments (optional): \_\_\_\_\_

4) _____	_____	_____	_____	_____
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Comments (optional): \_\_\_\_\_