

End of Semester/Term Grade Request

Grade Report will be mailed to the home address on file in the Registrar's Office

PLEASE PRINT

Name _____

_____ (Last) _____ (First) _____ (Middle)
Social Security Number _____ Student ID _____

Daytime Phone _____ Term/Semester Requested _____ Year _____

Signature _____ Date _____

Reason for request: _____ No computer access _____ Tuition Reimbursement
_____ Insurance Discount _____ Personal Copy _____ Other (Specify) _____

Will you need a grade report for every future term? _____ Yes _____ No

There is a three day *minimum* processing time for all Grade requests.

Fax to 515-263-6193 or mail request to:

Registrar's Office
1200 Grandview Ave.
Des Moines, IA 50316