

EARLY GRADE RELEASE FORM FOR GRADUATES OF OTHER INSTITUTIONS

INSTRUCTIONS AND INFORMATION FOR STUDENTS AND FACULTY

NOTE TO STUDENT:

- Please contact your Instructor before the end of the first week of the semester to inquire if they are willing to participate in releasing your grade early. Due to course delivery and content, instructors may choose not to participate in the early grade release process. If the instructor elects not to participate, it is your responsibility to find an alternative solution.
- Your signature on this form verifies that you are a current term graduate of another institution and grants Columbus State Community College permission to release your grade(s) to your home institution via official transcript.

NOTE TO INSTRUCTOR:

- The student named on the attached form is graduating this semester from another institution and is requesting that their grade in your course be transferred early to their home institution through the Office of the Registrar.
- The early release of the grade is not required and you may choose not to release the grade earlier than the standard grade deadline. If you decide not to release the grade early, please inform the student immediately.
- If you release the grade early, please return the completed form to the Office of the Registrar by the indicated deadline below.
- The final grade stated on the form must be the grade that will appear on the student's official transcript

STUDENTS MAY NOT DELIVER THIS FORM. Instructors, please return this form via e-mail to earlygrade@cscc.edu from your Columbus State Community College e-mail address. In-person delivery may be made by a Columbus State Community College employee. Identification will be checked if delivered in person. Faxed copies will not be accepted. **Do not fax this form to the other Institution**. This form is processed by the Office of the Registrar at Columbus State Community College. For any questions or concerns, please e-mail earlygrade@cscc.edu

The form is to be returned to:

IN PERSON: STUDENT CENTRAL, UPPER LEVEL, MADISON HALL

E-MAIL: <u>earlygrade@cscc.edu</u>

by **4:30 p.m.** on:

Submitted to Graduating Institution by:

SPRING SEMESTER 2022: April 29, 2022 SUMMER SEMESTER 2022: July 29, 2022 AUTUMN SEMESTER 2022 December 09, 2022 SPRING SEMESTER 2023: April 28, 2023 SUMMER SEMESTER 2023: July 28, 2023

AUTUMN SEMESTER 2023: December 08, 2023 **SPRING SEMESTER 2024:** April 26, 2024

SUMMER SEMESTER 2024: July 26, 2024 AUTUMN SEMESTER 2024: December 06, 2024 SPRING SEMESTER 2025: April 25, 2025

SUMMER SEMESTER 2025: July 25, 2025

AUTUMN SEMESTER 2025: December 12, 2025

SPRING SEMESTER 2022: May 04, 2022 SUMMER SEMESTER 2022: August 03 2022 AUTUMN SEMESTER 2022 December 14, 2022 SPRING SEMESTER 2023: May 03, 2023 SUMMER SEMESTER 2023: August 02, 2023

AUTUMN SEMESTER 2023: December 13, 2023 **SPRING SEMESTER 2024:** May 01, 2024

Summer Semester 2024: July 31, 2024

Autumn Semester 2024: December 11, 2024

September 2025: April 20, 2025

SPRING SEMESTER 2025: April 30, 2025 **SUMMER SEMESTER 2025:** July 30, 2025

AUTUMN SEMESTER 2025: December 16, 2025

COLUMBUS STATE

EARLY GRADE RELEASE FORM FOR GRADUATES OF OTHER INSTITUTIONS

THE COMPLETION OF ALL FIELDS REQUIRED FOR THE PROCESSING OF THIS FORM

THE EARLY GRADE RELEASE PROCESS IS AVAILABLE ONLY TO CURRENT SEMESTER STUDENTS WHO WILL BE GRADUATING FROM ANOTHER INSTITUTION AT THE END OF THIS CURRENT SEMESTER.

STUDENTS MAY <u>NOT</u> <u>DELIVER THIS FORM</u>.

Instructors, please return this form via e-mail to <u>earlygrade@cscc.edu</u> from your Columbus State Community College e-mail address. In-person delivery may be made by a Columbus State Community College employee. Identification will be checked if delivered in person. Faxed copies will not be accepted. **Do not fax this form to the other Institution**.

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STUDENT INFORMATION Please print clearly - To be completed by the Student This form will not be processed if <u>all</u> fields are not completed correctly.				
Student Name:		Date:		
Daytime Telephone Number:	E-mail Address:			
Cougar ID Number	University ID Number (e.g. BuckII	D):		
Institution to which the grade should be s	ent:			
Name of Coordinator of Graduation at the	graduating institution:			
If graduating from The Ohio State Ur	niversity: College from which you	are graduatin	g:	
Contact Person Telephone:				
STUDENT SIGNATURE (Required):				

COURSE INFORMATION Please print clearly - To be completed by the Instructor This form will not be processed if <u>all</u> fields are not completed correctly.				
Course Name (e.g.: ENGL 1100):				
Course Title per CSCC Catalog (e.g.: Comp	oosition I):			
Number of credit hours:	Semester and Year:			
Final grade earned: (By your signature below, you guarantee that this is	the grade that will appear on the student's official transcript.)			
Instructor name (Please Print):	Date:/			
INSTRUCTOR SIGNATURE (Required):				