



**Office of the National Registrar**

**Cross Campus Grading Form**

Campus <input type="checkbox"/> CN <input type="checkbox"/> LA <input type="checkbox"/> NY	Term/Year <input type="checkbox"/> Fall_____ <input type="checkbox"/> Spring_____ <input type="checkbox"/> Summer_____
Last Name (Student)	First Name

Dept	Course Number	Section	Course Title	Grade P/LP/F	Letter Grade Equivalent

Instructions:

1. Please submit a cross campus grading form for each student on each satellite campus.
2. Please fill in the form completely. Note: each campus has a different department and course number.
3. Please provide both grades for each student. Some students may have opted for letter grading and this will assist the registrar's office in the grade entry process.
4. Please sign and date each form and return to the Office of the National Registrar.
5. Grade submission deadlines apply to cross-campus courses.

Instructor Name (Please print)	Instructor Signature	Date
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**Office of the National Registrar**  
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**New York, NY 10012**  
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