

# OXNARD COLLEGE ADMISSIONS & RECORDS

## REQUEST FOR WORK IN PROGRESS

Semester/Term\_\_\_\_\_ Year\_\_\_\_\_

Student Name\_\_\_\_\_ Today's Date\_\_\_\_\_

Birth Date\_\_\_\_\_ Student ID#\_\_\_\_\_

### TO THE INSTRUCTOR:

The student named above has requested that his/her grade(s) to date be made available. Please enter the course reference number (CRN), course title, units and grade to date in the appropriate columns and sign as soon as possible.

Course Reference Number (CRN)	Course Title	Units	Grade to Date	Instructor Signature

### TO THE STUDENT:

It is your responsibility to see that this form is filled out by each of your instructors. It is also your responsibility to mail or return this form to the office or institution requesting this information.

-----For Office Use Only-----

☐ Student has not exceeded the repeat limit. Check SHACRSE.

☐ SFASRPO was inputted after verifying the repeat limit.

Completed by:\_\_\_\_\_ Date:\_\_\_\_\_