Registrar's Office 3<sup>rd</sup> Floor | Campus Center registrar@msoe.edu

Student Name:	Course and Section:
Reason for Submission:	
$\square$ Personal Use $\square$ Probation/Suspension $\square$ Ra	aider Success Course   Other:
<b>STUDENTS:</b> Save this form as a .pdf to keep it as	a fillable form. Submit no later than Friday of Week 5.
STUDENT:	STUDENT:
List known grades below. Preferably, individual grades rather than averages.	Brief assessment of how class is going.
Category 1:	7
	7
Category 2:	
	INSTRUCTOR:
	Feedback & Recommendations
Category 3:	
	7
Category 4:	7
	7
STUDENT: I have Tutoring for this class: ☐ Yes ☐ No	INSTRUCTOR: Grades above are accurate: ☐ Yes ☐ No
STUDENT: Select All That Apply	
☐ I have questions concerning my grades	
☐ I am requesting a meeting with my instructor	
$\square$ I am looking for feedback regarding my perform	nance in class
INSTRUCTOR: Please	e complete the following.
Attendance: Class Participation:	Approximate Grade to Date:
Recommend Services (Check all that apply):	
$\square$ Utilize Tutoring for this subject (RCAS Tutoring)	
Utilize Office Hours:	
<ul> <li>☐ Utilize Raider Success Coach for help with Test T</li> <li>☐ Utilize Raider Success Coach for help with perso academics.</li> </ul>	Faking, Note Taking, Study Skills, etc. Inal issues or skill development that may be affecting
Instructor Signature	