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

Student Name:	Course and Section:
Reason for Submission:	
☐ Personal Use ☐ Probation/Suspension ☐ Rai	der Success Course   Other:
	uer success course — ourieri
<b>STUDENTS:</b> Save this form as a .pdf to keep it as a	fillable form. Submit no later than Friday of Week 7.
STUDENT:	STUDENT:
List known grades below.	Brief assessment of how class is going.
Preferably, individual grades rather than averages.	
Category 1:	
Category 2:	INSTRUCTOR:
	Feedback & Recommendations
Category 3:	
Category 4:	
TUDENT: 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	
☐ I am looking for feedback regarding my performa	ance in class
I am looking for reedback regarding my performa	ince in class
INSTRUCTOR: Please of	complete the following.
Attendance: Class Participation:	Approximate Grade to Date:
	Approximate draue to Date.
Recommended Services (Check all that apply):	Cossian Tutoring Cornicos Dron In Support Study Cossian
☐ Utilize Office Hours:	Session, Tutoring Services, Drop-In Support, Study Session
	ess Coach or Peer Ally (Test Taking, Note Taking, Study Skills)
☐ Utilize personal support: Raider Success Coach, Aca	
Instructor Signature	Date

Last edited: 8/2023