Student Organization

REQUEST FOR ACCUMULATIVE AVERAGE

Organization	Semester/Year
President please print	Advisor please print ***must sign on back***
e-mail	e-mail

The below signed agrees to the release of his/her grade range to the Organization and its Advisor(s)

Print **Student ID # (not SS#)** **Full Name**	**Signature**	**DO NOT MARK TO RIGHT OF THIS COLUMN**	**Registrar's Use Only** **DO NOT WRITE IN THE GRAY COLUMNS**			
			Cumulative GPA			**Hours Enrolled**
			2.30 or Above	**2.00-2.29**	**Below 2.00**	
ID# A00000000 John Thomas Doe	*John Thomas Doe*		√			15hrs
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CONTINUED ON BACK

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Registrar – Please verify the above information. Draw a red line after the last name verified. Thank You.

Organization Advisor Signature

Director of Student Activities Signature
103 University Union

Assistant Vice-President of Student Affairs Signature
323 Sullivan Hall East

Registrar's Signature or Designate DATE

How many names were verified? _____

WV STATE REGISTRAR'S SEAL REQUIRED HERE

1891
WEST VIRGINIA STATE UNIVERSITY