



SUBMIT AFTER December 1

SPRING 2011 BASIC SKILLS GRADE VERIFICATION

You will be unable to register for classes until we verify from your official transcripts that you have successfully passed the required basic skills area (Oral Communications, English Composition, Critical Thinking, and Math/Quantitative Reasoning). If you are currently enrolled in this course work, you may fax, mail or hand carry this completed form to the Student Services Center once you have taken your final(s).

All of the following terms must be agreed on and met accordingly to be eligible for admission to San José State University: I will complete 60 semester/90 quarter transferable units with a 2.00 GPA or better; **complete ALL four basic skills courses with a “C” or better by the end of the Fall 2010 term**; will submit official transcripts with Fall 2010 grades by **Friday, January 21, 2011**. This form will be used to **temporarily** verify successful completion of the required course and should the **official transcript** indicate a **grade lower than a “C”** in any required course, **I will be disenrolled** from my classes.

Student’s Signature Date

Student’s Full Name: _____
Last name, First M.I.

Student’s SJSU ID: _____

This is to verify that the student named above, enrolled in the following CSU/GE **Oral Communication requirement (A1)**: _____ during the _____ at _____.
Dept/Course No.(e.g. Spch 1A) Term/year Institution

As the instructor of this course, I verify that this student’s **Final** Grade received was a grade of: _____.

Instructor’s Signature Instructor’s printed name Date

This is to verify that the student named above, enrolled in the following CSU/GE **Written Communication requirement (A2)**: _____ during the _____ at _____.
Dept/Course No.(e.g. Engl 1A) Term/year Institution

As the instructor of this course, I verify that this student’s **Final** Grade received was a grade of: _____.

Instructor’s Signature Instructor’s printed name Date

This is to verify that the student named above, enrolled in the following CSU/GE **Critical Thinking requirement (A3)**: _____ during the _____ at _____.
Dept/Course No.(e.g. Phil 57) Term/year Institution

As the instructor of this course, I verify that this student’s **Final** Grade received was a grade of: _____.

Instructor’s Signature Instructor’s printed name Date

This is to verify that the student named above, enrolled in the following CSU/GE **Math/Quantitative Reasoning requirement (B4)**: _____ during the _____ at _____.
Dept/Course No.(e.g. Math 10) Term/year Institution

As the instructor of this course, I verify that this student’s **Final** Grade received was a grade of: _____.

Instructor’s Signature Instructor’s printed name Date

Fax this completed form to: (408) 924-2035
OR mail to: San José State University, Office of Admissions - EVALUATION DEPT, One Washington Square, San José, CA 95192-0016