



TRANSFER MID-TERM REPORT

First Name: _____ Last Name: _____

Address: _____

Current College or University _____

To the Applicant: Please ask each of your current instructors to complete the information below. Once you have gathered all required signatures please send us a copy of this form. Our address is below.

To the Instructors:

As part of their evaluation process, Tufts University finds it helpful to receive a general indication of how applicants are performing in their current courses. Please complete the information below as it pertains to this applicant's performance in your course and return to the applicant for mailing.

1. Course Title/Department _____

Course Number _____ Credits _____ Current Grade _____

Instructor Signature _____

2. Course Title/Department _____

Course Number _____ Credits _____ Current Grade _____

Instructor Signature _____

3. Course Title/Department _____

Course Number _____ Credits _____ Current Grade _____

Instructor Signature _____

4. Course Title/Department _____

Course Number _____ Credits _____ Current Grade _____

Instructor Signature _____

5. Course Title/Department _____

Course Number _____ Credits _____ Current Grade _____

Instructor Signature _____