



**SCHOOL OF EDUCATION
CUESTE
VERIFICATION OF GRADES FORM**

Student Name: _____

Student ID #: _____ - _____ - _____

_____ **Overall GPA of all college work (including Fall term 2004)**

Total Credit hours _____

Total Points _____

GPA _____

_____ **Alternative GPA Calculation** (Include a spreadsheet or other document with full details of this calculation.)

Do all courses counted for requirements have a grade of C- or better:

Yes _____ No _____

If no, explain:

Advisor's Signature