

California State University Long Beach
Physical Therapy Department

Verification of Mid-Semester Grades

Name: _____ PTCAS ID: _____ Date: _____

School Name: _____ Semester: _____

Course Title	Units	Grade	Comments	Instructor's name and contact information	Instructor's Signature

I verify that all of the above information is correct. I understand that falsification of this document may result in denial or revocation of my application.

Applicant's Signature: _____ Date: _____

Once the form has been completed please forward a scanned copy to Cara Nissen at cara.nissen@csulb.edu