



OFFICE OF UNDERGRADUATE ADMISSION Phone: 312.567.3025
10 West 33rd Street, Perlstein 101 Fax: 312.567.6939
Chicago, IL 60616 E-mail: admission@iit.edu

APPLICANT

Complete this section and request that your current instructor(s)/professor(s) fill out the section below. When the form is complete, please fax or mail the form to the number or address listed above.

Full Name _____
FIRST (GIVEN) MIDDLE LAST

Mailing Address _____
CITY STATE POSTAL CODE COUNTRY

UNIVERSITY/COLLEGE

Please provide us with the school's information.

Official School Name _____

Mailing Address _____
CITY STATE POSTAL CODE COUNTRY

SPRING 2007 COURSEWORK (to be completed by instructor)

Please use this Mid-Year Report form to report this student's current grades for this term (semester, quarter, trimester).

COURSE 1				
Instructor's Name _____ FIRST LAST				
Instructor's Contact Information _____ PHONE NUMBER (INCLUDING AREA CODE) E-MAIL				
Subject Area	Course Number	Course Name	Credit Hours	Anticipated Grade
Comments _____				
				Professor Initials

COURSE 2

Instructor's Name _____
FIRST LAST

Instructor's Contact Information _____
PHONE NUMBER (INCLUDING AREA CODE) E-MAIL

Subject Area Course Number Course Name Credit Hours Anticipated Grade

Comments _____

Professor Initials

COURSE 3

Instructor's Name _____
FIRST LAST

Instructor's Contact Information _____
PHONE NUMBER (INCLUDING AREA CODE) E-MAIL

Subject Area Course Number Course Name Credit Hours Anticipated Grade

Comments _____

Professor Initials

COURSE 4

Instructor's Name _____
FIRST LAST

Instructor's Contact Information _____
PHONE NUMBER (INCLUDING AREA CODE) E-MAIL

Subject Area Course Number Course Name Credit Hours Anticipated Grade

Comments _____

Professor Initials

FROM THE STUDENT

Please provide us with any additional comments about your current coursework below, on an attached page, or through separate documents.

