MILLSAPS COLLEGE
OFFICE OF RECORDS

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Jackson, MS 39210-0001
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Phone: 601-974-1120
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Reflective Paper Grades Report Form

To: **Office of Records**

From: **Department Chair / Program Director**

Below are the grades for the Reflective Paper for students in _____ department, for _____ term of _____ year. Grades are reported as: credit (CR) or NC (no credit/fail).

ID #	Name	Grade
		☐ CR ☐ NC
		☐ CR ☐ NC
		☐ CR ☐ NC
		☐ CR ☐ NC
		☐ CR ☐ NC
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		☐ CR ☐ NC
		☐ CR ☐ NC
		☐ CR ☐ NC
		☐ CR ☐ NC
		☐ CR ☐ NC
		☐ CR ☐ NC

Department Chair / Program Director Signature _____

Date _____

This form must be turned in to the Office of Records by the faculty via in person, or scanned and emailed to the Office of Records via the faculty member's Millsaps email address.

Form last updated: 2/6/2024