

APPLICANT NAME _____ DATE OF BIRTH _____

CURRENT COLLEGE OR UNIVERSITY _____

INSTRUCTIONS

Please ask each of your current instructors to complete the information below. Once you have gathered all required signatures, please scan and email the document to transfer@MiamiOH.edu or fax to 513-529-0681.

International students: please email your mid-term report to goglobal@MiamiOH.edu.

COURSE LIST

As part of Miami University's transfer review process, transfer applicants are requested to submit information about their performance in their current courses. Please complete the information below as it pertains to this applicant's performance in your course and return the form to the applicant for submission.

1. Course Title/Department _____ Course Number _____
Credits _____ Current Grade _____ Comments (optional) _____

Instructor Signature _____ Date _____

2. Course Title/Department _____ Course Number _____
Credits _____ Current Grade _____ Comments (optional) _____

Instructor Signature _____ Date _____

3. Course Title/Department _____ Course Number _____
Credits _____ Current Grade _____ Comments (optional) _____

Instructor Signature _____ Date _____

4. Course Title/Department _____ Course Number _____
Credits _____ Current Grade _____ Comments (optional) _____

Instructor Signature _____ Date _____

5. Course Title/Department _____ Course Number _____
Credits _____ Current Grade _____ Comments (optional) _____

Instructor Signature _____ Date _____

APPLICANT SIGNATURE _____ DATE _____

Thank you for completing this mid-term report, and for your interest in Miami University. If you have any questions, please contact transfer@MiamiOH.edu, or goglobal@MiamiOH.edu for international transfer students.