



AMERICAN RIVER COLLEGE

FINAL GRADE VERIFICATION

STUDENT INFORMATION

ARC Student I.D. # _____

Name: Last _____ First _____ Middle _____

TO BE COMPLETED BY STUDENT

1. Complete the information requested below.

Course Number	Course Name	College Where Course is Taken	Semester

TO BE COMPLETED BY INSTRUCTOR

1. This student is interested in applying to the American River College Paramedic Program. In order for the student to be included in the selection process, the final grade is needed.
2. **The final grade for the course is:**
3. Should we need to contact you, please provide us with the following:
Email Address: _____
Telephone Number: _____
4. Sign below and place form in the institution's printed business envelope and seal.

REQUIRED INSTRUCTOR'S SIGNATURE

INSTRUCTOR _____ **DATE** _____

PRINT NAME _____

If you have any questions, please call (916) 484-8902

*AMERICAN RIVER COLLEGE
Paramedic Department
4700 College Oak Drive
Sacramento, CA 95841-4217*