

FORM – B

SUBMISSION FORM

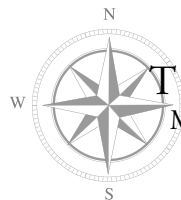
MID SEMESTER CHECKLIST

Name _____ Date _____

NSHE# _____

Course	Current Grade

THE COLLEGE OF SOUTHERN NEVADA



THE COMPASS
Mid Semester Checklist

I have completed my checklist

I have a clear understanding of my
grade after meeting with my Professor