# 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.

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Name</th>
<th>College Where Course is Taken</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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

Rev 03/03/11