Grade Posting Permission Form

Date: ___________________________ [Today’s]

To: Chester R. Cooper, Jr., Ph.D., Course Instructor

Subject: Permission to Post Grades/Scores

[Check One Course Below]

- BIOL 3702 (Microbiology)
- BIOL 3716 (Nucleic Acids I)
- BIOL 4848/6948 (Biology of Fungi)
- BIOL 4849 (Medical Mycology)

[Check Current Semester]

- Fall
- Spring
- Academic Year __________
- Summer

By affixing my signature to this memorandum, I hereby acknowledge that I give my permission to Dr. Cooper to post any and all of my grades or scores on the course web page or an associated linked page. Also, I agree to hold harmless Dr. Cooper and the University from all damages resulting from any misappropriation of this information. I understand that this permission may be revoked by me at any time for any future postings of my grades or scores once my written request has been received and acknowledged by Dr. Cooper. However, I understand that any postings of grades or scores prior to this revocation may not be subject to removal. Finally, as indicated below, I have chosen my own five (5)-digit personal identification number (PIN) [NOT my Patron Identification Number or my Banner Identification Number] by which all grades or scores will be posted. This number can be changed upon request.

Student Signature: ____________________________________________________________

Student Name (printed): ______________________________________________________

Please choose a five (5) digit PIN not to begin with a “0”. Place the individual digits of your selected PIN in order from left to right in the boxes below:

[ ] [ ] [ ] [ ] [ ]