

Office of Admission Phone: 860-685-3000  
The Stewart M. Reid House Fax: 860-685-3001  
Middletown, CT 06459-0265



**Midterm (Second Semester) Evaluation Deadline: April 10**

WesID

     

**To be completed by the applicant**

Applicant's name \_\_\_\_\_  
Last First Middle  
College now attending \_\_\_\_\_

If you are currently in course work, please ask your institution to give an evaluation of your progress through April 1.  
(Please feel free to make copies of this form should you need them.) Return this form(s) by April 10 to Wesleyan University,  
Office of Admission, The Stewart M. Reid House, 70 Wyllys Avenue, Middletown, CT 06459-0265.

**To be completed by the applicant's current instructors**

1. Course Name \_\_\_\_\_  
Course No. \_\_\_\_\_ No. of Credits: \_\_\_\_\_  
Department \_\_\_\_\_  
Instructor's Name \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Current grade (A-F, if possible) \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Course Name \_\_\_\_\_  
Course No. \_\_\_\_\_ No. of Credits: \_\_\_\_\_  
Department \_\_\_\_\_  
Instructor's Name \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Current grade (A-F, if possible) \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Course Name \_\_\_\_\_  
Course No. \_\_\_\_\_ No. of Credits: \_\_\_\_\_  
Department \_\_\_\_\_  
Instructor's Name \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Current grade (A-F, if possible) \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Course Name \_\_\_\_\_  
Course No. \_\_\_\_\_ No. of Credits: \_\_\_\_\_  
Department \_\_\_\_\_  
Instructor's Name \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Current grade (A-F, if possible) \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Course Name \_\_\_\_\_  
Course No. \_\_\_\_\_ No. of Credits: \_\_\_\_\_  
Department \_\_\_\_\_  
Instructor's Name \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Current grade (A-F, if possible) \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_