

# MARKS GATHERING FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student I.D. #: \_\_\_\_\_ Date Required By: \_\_\_\_\_

Marks required for:

- University Admissions
- Scholarship Application
- Other: \_\_\_\_\_

Dear Teachers:

**Please provide current marks for this student. Thank you, Counselling Department.**

BLOCK	SUBJECT	PERCENTAGE %	TEACHER