First Nations Learning Centre
Assignment Mark Entry Form

THOMPSON RIVERS UNIVERSITY
OPEN LEARNING

TRU-OL Student Services, BOX 3010, Kamloops, BC V2C 5N3
Fax 250 852 6405 **www.tru.ca/distance**

LEARNING CENTRE: _____

Section : _____ **Tutor # for the Centre:** _____ **Date:** _____

Learning Centre Facilitator : _____ **Signature:** _____

COURSE CODE (i.e. ENGL 030) _____

(NOTE: Please use one sheet PER course.)

Student Number	Student Name	Assgn No.	Mark	Assgn No.	Mark	Assgn No.	Mark

TRU-OL to Fill	DATE RECEIVED:
	MARKS ENTERED BY: