DEFICIENCY FORM

Semester ___________  Mid-Term _______  Final _______

Please check one

Student Number ___________  Student Name __________________________________

Course Number ___________  Course Grade _____D_____F

Please check one

Factors contributing to deficiency:
Check all that apply.

_____ Poor test grades  _____ Poor attitude

_____ Lack of effort  _____ Lack of ability

_____ Excessive employment  _____ Failure to hand in work

_____ Poor Attendance  _____ Deficient in reading and/or written & oral English

_____ Recommended that student withdraw from this course.

_____ Recommended that student should remain in this course

Comments:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Name of Instructor ____________________________
(Please Print)

Signature of Instructor ____________________________

Return this form to the Registrar’s Office