

**COLLEGE OF VISUAL ARTS
F/D/D+ GRADE REPORT**

Student:	Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> 20 _____
Course:	Instructor:

Please note the factor(s) relating to this student's performance in your class which contributed to a less than satisfactory grade in the comments space below. Your recommendation will be used by the appropriate department chair in determining student advancement.

	Attendance (failure due to attendance policy).
	Below average performance on class work and exams.
	Incomplete class projects & assignments.
	Missed course work deadlines.
	Other:

Instructor Recommendation:

Student should repeat this course_____ Student should not repeat this course _____

Check grade submitted for student **F** **D** **D+**

Faculty Signature Date

Comments:

Submit along with the final grade roster.

FOR OFFICE USE ONLY		
Department Chair over ride to advance student _____		
	Dept. Chair	Date