REQUEST OF COMPLETION/REMOVAL

☐ CSM ☐ CHSS ☐ SOM

TO WHOM IT MAY CONCERN:

The bearer ___________________________________________ needs to

( ) - take an examination
( ) - submit a term paper, report
( ) - other, specify _________________________________

in order to remove his/her grade of “4.0” / “INC” in ___________________________ incurred during the

☐ 1st ☐ 2nd Semester 20____ - 20____ or Summer ____________.

___________________________
Signature of Instructor

___________________________
Printed Name of Instructor

___________________________
College Secretary’s Copy

___________________________
Student’s Copy

REVISED 2007