Form for Submission of X Grade

Instructor: For every X grade that you assign, please complete this form and return it with your grade sheet.

At the end of the quarter, recording a grade of X indicates that a student has failed to complete the course AND has failed to secure your permission to take an incomplete (Y). This failure may exist because the student unofficially withdrew at some point during the quarter, because s/he failed to complete enough work to merit even the grade of F, or because s/he missed the final examination without notice to you.

Knowing the circumstances surrounding an X grade will allow our academic advisors to provide the most appropriate assistance to the student. Please be as specific as you can.

Student’s Name: ______________________________________________________________________________

EMPLID: ____________________________ SS#: _____________________________

Course Title: _________________________________________________________________________________

Department Name/Course Number: ____________________________ Section Number: _________________

Quarter: _____________________________________________________________________________________
(Fall/Winter/Spring/Summer) (Year)

Instructor’s printed name: ________________________________________________________________________

Instructor’s Address: ____________________________________________________________________________
(Street) (Apt#)
(City) (State) (Zip)

Phone: (________) _________________ E-mail: _____________________________________________________

Was the student ever present in class? Yes No

Approximately how many weeks did the student attend regularly? ________________________________

Approximately what percentage of assigned work did the student complete? _________________________

Did the student:

Take a midterm? Write a term paper? Take a final exam?

Did the student complete enough of the course that if s/he petitions to complete it you would be willing to assign and grade additional work?

Yes No

Instructor’s Signature: ______________________________________________________________________________

(Date)

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS