



Registrar's Office

## 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:

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Name of Instructor \_\_\_\_\_  
*(Please Print)*

Signature of Instructor \_\_\_\_\_

**Return this form to the Registrar's Office**