EASTERN MENNONITE UNIVERSITY

Request for Full Course of Study Certification for a Grade of "F"

Name: _____ ID#_____
family, last first

Semester: _____ Program and major: _____

1. What course was not successfully completed?

_____

2. Did you attend class regularly (circle one)? Yes No

If no, why not? _____

_____

Approximately how many classes did you miss? _____

3. Did you fulfill the course requirements (circle one)? Yes No

4. Did you stop attending the course (circle one)? No Yes

If yes, what date did you stop attending the course: _____

Why did you stop attending the course? _____

_____

_____

Professor's Certification

I certify that this information is true and correct.

_____ _____
Professor's name printed Date

_____ _____
Professor's signature Extension