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A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9

Villanova University
College of Liberal Arts & Sciences — Deficiency Report

TODAY'S DATE: MONTH / DAY / YEAR

STUDENT ID: (SOCIAL SECURITY NUMBER) ___ — __ — ____

STUDENT'S NAME:
FIRST NAME | MIDDLE | LAST NAME

COURSE INFORMATION:
CRN | DEPT | COURSE NUMBER | SECTION | YEAR/SEMESTER (E.G. 98S, 98F)

COURSE NAME

GRADE EARNED TO DATE: (CHECK ONE)

- ☐ NONE ☐ B+ ☐ C+ ☐ D+ ☐ F ☐ SP
- ☐ A ☐ B ☐ C ☐ D ☐ N ☐ W
- ☐ A- ☐ B- ☐ C- ☐ D- ☐ P ☐ Y

REASON FOR DEFICIENCY: (CHECK AS MANY AS APPLY)

- ☐ ABSENCES FROM CLASS OR LABORATORY
- ☐ INATTENTION DURING CLASS
- ☐ POOR EXAM OR QUIZ RESULTS
- ☐ POOR REPORTS OR PAPERS
- ☐ NEGLECTED ASSIGNMENTS
- ☐ MISSED EXAMS OR QUIZZES
- ☐ DISHONESTY
- ☐ OTHER (PLEASE SPECIFY BELOW)

YOUR EVALUATION:

FACULTY MEMBER'S INFORMATION:
FIRST NAME | MIDDLE | LAST NAME

FACULTY MEMBER ID (YOUR SOCIAL SECURITY NUMBER) ___ — __ — ____

SIGNATURE | DATE

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SEND A COPY OF THIS FORM TO YOUR CHAIRPERSON.