

FALL 09 MID-TERM REPORT

Student Name: \_\_\_\_\_

Course: \_\_\_\_\_

Instructor: \_\_\_\_\_

Grade: \_\_\_\_\_

Number of Absences: \_\_\_\_\_

Comments:

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Recommendations:

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Should student consider withdrawing from this class? \_\_\_\_\_ Yes \_\_\_\_\_ No

**NOTE: Last day to withdraw from a class without permission from the instructor and adviser is October 30.**

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**INSTRUCTOR: Please return this form to Jim Boyle, Disability Support Services, Campus Box 1611, Student Success Center, Room 1270 before October 16.**