



Graduate Student Course Deficiency Removal Form

Student's Name: _____

Student's Campus ID: _____

Program: _____

| Course(s) that satisfied deficiency | Semester taken |
|-------------------------------------|----------------|
| | |
| | |

Graduate Program
Representative Signature: _____

Date (Current): _____

A Course Deficiency Removal Form must be submitted for each student who was admitted with deficiencies. Please retain a copy for your files. Submit all original forms to the Graduate Records Office, Mitchell 261.

Please notify the student of this action.