

Center for International Exchange Programs- Final Grade Check Sheet- Form B (To Be Completed By Student In Last 4 Weeks While in Country)

Name:			Major:		
Exchange University:			Semester of exchange:		
Department Name	Catalog Number	Title		Units	Anticipated Grade At This Time
Course Work Completed	\square No (If no, what else needs	to be done)			
Professor Name	Professor Signature		E-mail Address		Date
Department Name	Catalog Number	Title		Units	Anticipated Grade At This Time
Course Work Completed	□No (If no, what else needs	to be done)			
Professor Name	Professor Signature		E-mail Address		Date
Department Name	Catalog Number	Title		Units	Anticipated Grade At This Time
Course Work Completed	\square No (If no, what else needs	to be done)			
Professor Name	Professor Signature		E-mail Address		Date
Department Name	Catalog Number	Title		Units	Anticipated Grade At This Time
Course Work Completed	□No (If no, what else needs	to be done)			
Professor Name OFFICE USE ONLY: COPIES TO	Professor Signature		E-mail Address		Date
	oordinator		C:\Documents and Settings\	web\Desktop\New	Last Revision: 12/21/2005 By: KR r Folder\Final Grade Check (Form B).doc