

INSTRUCTOR STATEMENT FOR CLASS PARTICIPATION

Instructors: Please email completed form directly to humanities@mcmaster.ca

TO BE COMPLETED BY THE STUDENT:

| | | |
|--|-------------|------------------------|
| Name: | Student #: | Term (e.g. Fall 2023): |
| Requesting withdrawal/cancellation of: | | |
| Course Code: | Instructor: | Department: |

TO BE COMPLETED BY THE INSTRUCTOR:

| | | |
|---|----------------------------------|---|
| Did the student take the midterm exam(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Midterm Test Information: | 1 st Date: | Grade: |
| | 2 nd Date: | Grade: |
| What work has the student completed? | | |
| What work is still outstanding? | | |
| Did the student take the final exam? | <input type="checkbox"/> Yes | <input type="checkbox"/> No If yes, grade: |
| Student's current grade in the course: | | |
| Student's attendance/participation: | <input type="checkbox"/> Regular | <input type="checkbox"/> Infrequent <input type="checkbox"/> Never <input type="checkbox"/> Unknown |
| Do you support this student's request? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Comments: | | |
| Instructor Signature: | Date: | |