



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 Yes 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 Yes 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

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 Professor Name Professor Signature E-mail Address Date

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 IEP Folder Advisor Coordinator Dept. Chair