



END OF MODULE STATISTICS

INSTRUCTOR: _____

MODULE DATES: _____ TO _____ DAY EVENING

Check One

COURSE # AND NAME	GRADE COUNT					
	A	B	C	D	F	INC
TOTALS						

STUDENTS WITH INCOMPLETE OR FAILING GRADES

STUDENT	PLEASE CHECK ONE		LAST DAY OF ATTENDANCE	COMMENTS
	INCOMPLETE	FAILING		

STUDENT	PLEASE CHECK ONE		LAST DAY OF ATTENDANCE	COMMENTS
	INCOMPLETE	FAILING		