OUACHITA BAPTIST UNIVERSITY

SATISFACTORY-UNSATISFACTORY

I.D.# ___________ NAME __________________________________________

OBU BOX# ___________ PHONE NUMBER __________________________________

DATE ___________ SEMESTER _______________________________________

This may not be used for courses in the major, minor, or general requirements.

SEQ.# DEPT. COURSE# COURSE TITLE

__________________________________________

ADVISOR

__________________________________________

INSTRUCTOR

__________________________________________

DEAN, SCHOOL OF YOUR MAJOR

NOTE: YOU MUST GO THROUGH REGISTRATION.

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