SUMMER FACULTY CHECK-OUT FORM

MORRIS COLLEGE
SUMTER, SOUTH CAROLINA 29150

Name: _____ **Date:** _____

Note: Faculty members must clear the respective office prior to issuance of checks.

OFFICE OF ADMISSIONS AND RECORDS

_____ Mid-Session and Final Grade Report
_____ Roll Book

OFFICE OF ACADEMIC AFFAIRS

_____ Copies of Mid-Session and Final Examinations
_____ Course Syllabi
_____ Absentee Reports (One for each week)
_____ Instructor Work Load Forms
_____ Grade Distribution for each course

LEARNING RESOURCES CENTER

_____ All library materials returned

SIGNED: _____