BRIARCLIFF HIGH SCHOOL
Failure Form

TO: Faculty

FROM: Guidance Department

RE: Course/Regent Examination Failures

Please use this sheet to indicate **FAILURES** in your courses. Fill in the information requested and return this form to the Counseling Office at the completion of your exams. **Please return this form even if there are no failures in your classes.** Thank you.

Teacher's Name:_____

Student Name/Grade Level	Course Title	Failed Regents (Grade)	Failed Course