WN Grade Reversal Form

This university form is to be used to amend the Commencement of Attendance Roster submitted to the Office of the Registrar. The form is to be completed and signed by the Instructor and the Department Chairperson. Please return to the Registrar’s Office as soon as possible.

Instructor’s Name: ____________________________________________________________

(PLEASE PRINT) Last Name ____________ First Name _______________________

Department: ________________________________________________________________

Semester: □ Fall □ Winter □ Spring □ Summer I □ Summer II Year: _____________

Discipline & Course #: ____________________ Section: __________

Student’s Name: ____________________________________________________________

(PLEASE PRINT) Last Name ____________ First Name _______________________

Student ID #: ____________________________

Check one:

□ Attendance recording error made by instructor (explain below)

□ Section enrollment error

□ Other (explain below)

Explanation: ________________________________________________________________

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Instructor’s Signature ____________________________ Date _______________________

Department Chairperson’s Signature ____________________________ Date ___________