



# GLENVILLE STATE COLLEGE

## RECOMMENDATION FOR ADMINISTRATIVE WITHDRAWAL (RO-04/19)

FROM:

Instructor's Name \_\_\_\_\_

Semester/Year \_\_\_\_\_

**I am requesting the following student(s) be withdrawn from the class indicated below for reasons of excessive absences or non-participation. The student will be withdrawn from the class and receive a final grade of "W".**

CRN	SUBJ-CRS	Student ID#	Student Name	LDOA and # of Absences

Contacted  Student \_\_\_\_\_  ASC \_\_\_\_\_ Result: \_\_\_\_\_  
Date Date

CRN	SUBJ-CRS	Student ID#	Student Name	LDOA and # of Absences

Contacted  Student \_\_\_\_\_  ASC \_\_\_\_\_ Result: \_\_\_\_\_  
Date Date

CRN	SUBJ-CRS	Student ID#	Student Name	LDOA and # of Absences

Contacted  Student \_\_\_\_\_  ASC \_\_\_\_\_ Result: \_\_\_\_\_  
Date Date

CRN	SUBJ-CRS	Student ID#	Student Name	LDOA and # of Absences

Contacted  Student \_\_\_\_\_  ASC \_\_\_\_\_ Result: \_\_\_\_\_  
Date Date

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Action by Chairperson \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit to the Registrar's Office for Processing.**