



GLENVILLE STATE COLLEGE

RECOMMENDATION FOR ADMINISTRATIVE WITHDRAWAL (RO-10/19)

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I am requesting the following student(s) be withdrawn from the class indicated below for reasons of excessive absences or non-participation. The student will be withdrawn from the class and receive a final grade of "W".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

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

Contacted Student _____ ASC _____ Result: _____
Dates Dates

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

Contacted Student _____ ASC _____ Result: _____
Dates Dates

Instructor Signature: _____ Date: _____

Action by Chairperson _____ Approved _____ Denied

Department Chair Signature: _____ Date: _____

Submit to the Registrar's Office for Processing.