GLENVILLE STATE COLLEGE
1872

RECOMMENDATION FOR ADMINISTRATIVE WITHDRAWAL
(RO-01/20)

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I am requesting the following student(s) be withdrawn from the class indicated below for reasons of excessive absences or non-participation. If processed prior to the last day to withdraw from a class with a W, the student will be withdrawn from the class and receive a final grade of "W". If processed afterwards, the student will receive a final grade of "FIW".

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.