



GLENVILLE
STATE UNIVERSITY

**RECOMMENDATION FOR
ADMINISTRATIVE WITHDRAWAL FROM A COURSE**
(RO-02/23)

FROM:

Instructor's Name

Semester/Year

I am requesting the following student(s) be withdrawn from the course indicated below for reasons of excessive absences or non-participation. If processed prior to the deadline to withdraw from the course with a "W", the student will be withdrawn from the course and receive a final grade of "W". If processed after the deadline, the student will not be withdrawn and will be issued a final grade of "FIW".

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

Contacted ☐ Student _____ ☐ ASC _____
(dates) (dates)

Additional Information: _____

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

Contacted ☐ Student _____ ☐ ASC _____
(dates) (dates)

Additional Information: _____

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

Contacted ☐ Student _____ ☐ ASC _____
(dates) (dates)

Additional Information: _____

Instructor Signature: _____ Date: _____

Submit to the Registrar's Office for Initial Review.

VP for Academic Affairs or Designee: _____ Date: _____