

## Office of the Registrar WN Grade Reversal Verification of Enrollment Roster Update Form

This form should be used to amend the Verification of Enrollment Roster submitted to the Office of the Registrar. The form must 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) Las	st Name	First Name
Department:		
Semester: ☐ Fall ☐ Spring ☐	] Summer <b>Year</b> :	
Subject & Course #:	Section:	Class Number:
Student's Name:	st Name	First Name
CUNYfirst ID /Student ID #:		
Check one:		
☐ Enrollment Verification rec	ording error made by instr	ructor (explain below)
☐ Section enrollment error		
Other (explain below)		
Explanation:		
Instructor's Signature (Required)		Date
Department Chairperson's Signature	(Required)	Date
Dean's Signature (Required after the	Last Day of the Term)	Date

Note: Completion of this form allows for the removal of the WN grade inadvertently posted on the above student's record. Verification of Enrollment Roster information will be updated accordingly.