

Borough of Manhattan Community College 199 Chambers Street, S315 The City University of New York www.bmcc.cuny.edu

New York, NY 10007-1097 tel. 212 220-1290 fax. 212 220-1254

WN Grade Reversal Form

This university form is to be used to amend the Commencement of Attendance Roster submitted to the Office of the Registrar. The form is to 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) Last Name	First Name	
Department:		
Semester: Fall Winter Spring	Summer I Summer II Year:	
Discipline & Course #: Sect	ion:	
Student's Name:		
(PLEASE PRINT) Last Name	First Name	
Student ID #:		
Check one:		
Attendance recording error made by instru	ctor (explain below)	
Section enrollment error		
Other (explain below)		
Explanation:		
Instructor's Signature	 Date	
moractor 3 signature	Date	
	Data	
Department Chairperson's Signature	Date	

Note: Completion of this form allows for the removal of the *WN grade inadvertently posted on the above student's record.