GEORGIAN COURT UNIVERSITY

OFFICE OF THE REGISTRARRequest for Grade of "W"

(Completed after drop period)

NAME:		TERM: SESSION:				
YEAR:						
ish to request	a grade of "W" f	or the following cour	se(s):			
Course ID	Section #	Lec/Lab	Instructor	Day	Time	
-			close of business of the site: http://georgian.com	•		
•						
	F	PLEASE READ/CH	HECK/SIGN BELO	W:		
		•	•			
RESPONSIE	LE FOR THE CO		AFTER THE DROP/ADPAY THE APPLICABLE			
signing thi	s form you are	verifying that you	understand the abo	ove statement:		
SIGNATURE:			DATE:	DATE:		
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Required Sig	<u>natures:</u>					
		c Advisor Signature ed for all students)				
_		_			Office Use Only	
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