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) __________________________________________________________________
Last Name __________________________________________________________________________
First Name __________________________________________________________________________

**Department:** ______________________________________________________________________

**Semester:** [ ] Fall [ ] Spring [ ] Summer  **Year:** ________________________________

**Subject & Course #:** ___________________________  **Section:** __________  **Class Number:** ________

**Student’s Name:** __________________________________________________________
(PLEASE PRINT) __________________________________________________________________
Last Name __________________________________________________________________________
First Name __________________________________________________________________________

**CUNYfirst ID /Student ID #:** ________________________________________________

Check one:

[ ] Enrollment Verification recording error made by instructor (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.*