

## THE UNDERGRADUATE SCHOLASTIC STANDARDS COMMITTEE (USSC) 65-30 KISSENA BLVD., FRESE HALL – ROOM 201 FLUSHING, NY 11367

TELEPHONE: (718) 997-4486 EMAIL: QC\_ USSC@QC.CUNY.EDU

https://myqc.qc.cuny.edu/StudentLife/USSC/default.aspx

## <u>COURSE WITHDRAWAL EVALUATION FORM</u> (ONE FORM MUST BE COMPLETED FOR EACH COURSE REQUESTED)

Date Submitted to the USSC:	CUNYF	CUNYFirst ID #:	
Name:			
(Last)	(First)		(Middle Initial)
Mailing Address:			
Queens College Office 365 Email Address:			
Home Tel. #	Cell Phone #		
Course & Number:	Course Code:	Semes	ster:
This Area to Be Completed By The Instructor (Only under extenuating circumstances should the chairperson sign in lieu of the instructor. The chairperson must indicate the extenuating circumstances in the comments area below.)			
Did this student attend at least one class meeting?			·
If you answered YES above, please enter the student's last date of attendance to the best of your knowledge:			
Month: Date:		Year:	
The student's performance at the last date of attendance was: (Please check one)			
1. Passing 2. Failing _		3. No basis on which	to evaluate
Comments:			
If the USSC approves this request for a course withdrawal and you have indicated the student's performance at their last date of attendance as numbers 1 or 3 above, a W grade (withdrawal, passing) will be assigned. The W grade does not calculate in a student's GPA. If number 2 is indicated (Failing), the appeal will be denied.			
Instructor's/Chairperson's Name (Print)		Title	
Instructor's/Chairperson's Signature		Date Sign	ned