Instructor’s Note

Date_______________________

Instructor_______________________________________

Course Title____________________________________

Section and Registration Code______________________

Term__________________________________________

Re:

Student’s Last Name______________________   First Name____________________________

EMPLID (CUNY ID)___________________       E-mail Address:________________________

Dear Professor,

The above student is petitioning for a retroactive withdrawal from your course. In order to help us evaluate the student’s petition, please answer the following questions. Thank you in advance for your participation in this matter.

What was the student’s last date of attendance? _______________________________________

Was the student passing the course before he/she stopped attending? ______________________

How many absences did the student have prior to his/her last date of attendance? ____________

How many absences did the student have prior to his/her last date of attendance? ____________

Do you support the student’s petition for a retroactive withdrawal? ______________________

Please provide any further comments that you think are relevant.__________________________

Instructor’s Signature_______________________________ Date of Signature_______________

Note: If the instructor cannot be reached, the respective chair or deputy chair may complete this form to the best of his/her knowledge.

**This note should be uploaded online only to the E-petition site and not by e-mail, interoffice, or mail. Thank you.