



Office of Academic Standing

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Instructor's Note

Today's 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?

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.