INSTITUTIONAL CORRECTION FORM
This form is to correct an inadvertent error on the part of the institution.

Student Name:_____________________________________________________________________________

Student ID#:_________________________________ Semester & Year________________________________

CRN & Course #:__________________________________________________________________________

Student Signature:_________________________________________________________________________

The individual taking responsibility for the correction and his/her Dean, Department Chair, Director, Associate VP, or Vice President must sign this form. Required signatures must be from two different individuals.

Tuition and/or fees should be waived for the above student for the following reasons:

DEPARTMENT RESPONSIBLE FOR CORRECTION – CHECK THE APPROPRIATE ACTION BELOW.

_________ DROP (Delete specific class(es) from academic record.)

_________ WITHDRAW (Post NC grade notation to academic record.)

SIGNATURE & TITLE OF PERSON RESPONSIBLE FOR CORRECTION __________________________________________

DATE __________________________________________

PRINTED NAME __________________________________________

EXT. __________________________________________

SIGNATURE & TITLE OF DEPT. CHAIR, DEAN, DIRECTOR, VP, OR ASSOC. VP. _____________________________

DATE __________________________________________

PRINTED NAME __________________________________________

EXT. __________________________________________