



## Office of the Registrar WN Grade Reversal Verification of Enrollment Roster Update Form

mectranscripts@mec.cuny.edu

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 Office of the Registrar at mectranscripts@mec.cuny.edu as soon as possible.

Instructor's Name: (PLEASE PRINT) L	ast Name	First Name
Department:		
<b>Semester:</b> ☐ Fall ☐ Spring	☐ Summer Ye	ear:
Subject & Course #:	Section	n: Class Number:
Student's Name: (PLEASE PRINT) L	.ast Name	First Name
CUNYfirst ID /Student ID #:		
Check one:		
☐ Enrollment Verification re	ecording error made t	by instructor (explain below)
☐ Section enrollment error		
Other (explain below)		
Explanation:		
·		
Instructor's Signature (Required)		Date
Department Chairperson's Signatu	re (Required)	Date
Dean's Signature (Required after the	he Last Day of the Term)	

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.