



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: \_\_\_\_\_

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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.

**\*\*This note should be uploaded online to the E-petition system with your petition.**