



The City University of New York

Request to Change *WN Grade

Name: _____

Student ID: _____

Telephone Number: _____

E-mail: _____@hunter.cuny.edu ††

Semester and Year: _____

Course Code	Dept	Course #	Sec. #	Course Code	Dept.	Course #	Sec. #

Reason for request (*attach documentation if any*):

Signature: _____ Date: _____

††To protect your privacy, you will be informed of a decision via your Hunter Snet (email) account.

For Office Use Only

Prior requests: no yes _____

Additional documentation: _____

Approved: _____

Denied: _____

Authorized Signature