

University of South Carolina Upstate Request to have WF's changed to W Due to Extenuating Circumstances

Cannot be used after the last day of class

1. Student Section

| | | |
|---|-------------------|----------------|
| Student's Last Name | First Name | Middle initial |
| Student's VIPID | Date | |
| Semester and Year | School or College | Major |
| Reason for Request: _____ (Attach documentation) | | |
| _____ | | |
| _____ | | |
| Student's Signature: _____ | | |

2. Dean Section

Based on the information presented to me, it is my judgement that the instructors may grant a grade of W provided that the student was doing satisfactory work.

| | |
|-------------------|------|
| Signature of Dean | Date |
|-------------------|------|

3. Instructors Section

The dean must sign section 2 prior to the assignment of a grade by faculty

| Course Department | Course Number | Section | Instructors of Record | Faculty Signature | Check if approve |
|-------------------|---------------|---------|-----------------------|-------------------|------------------|
| | | | | | W () |
| | | | | | W () |
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| | | | | | W () |
| | | | | | W () |
| | | | | | W () |
| | | | | | W () |
| | | | | | W () |

4. Records Section:

Date Received: _____ Staff: _____