



Office of Registrar
 Colston Hall, Room 513
 P: 718.289.5710
 F: 718.289.6308

Bronx Community College
 of The City University of New York
 2155 University Avenue
 Bronx, New York 10453

REQUEST TO DISMISS FAILURE GRADES

INSTRUCTIONS/REQUIREMENTS:

- Clearly print all requested information below.
- Students are eligible to use this form ONLY if original grade received was an "F".
- New grade received MUST be a "C" or better.
- This request does NOT apply to Remedial Courses.

PART I: Contact Information

Student's Name: _____
Last First Middle Initial

Current Address: _____
Street Address

_____ City _____ State _____ Zip Code

CUNYfirst EMPL ID#: _____ **National ID#:** _____

Email Address: _____ **Date of Birth:** ____/____/____

Home Phone#: _____ **Cell Phone#:** _____

PART II: College Information

FILL IN <u>OLD</u> INFORMATION					FILL IN <u>NEW</u> INFORMATION	
Original Semester	Course Discipline	Course Number	Section Number	OLD Grade Received	Semester Repeated	NEW Grade Received

The above information is true and complete to the best of my knowledge.

Student's Signature: _____ **Date:** _____

FOR OFFICIAL OFFICE USE ONLY – REGISTRAR'S OFFICE

Processed By: _____ **Date:** _____
Registrar Representative's Signature