



REQUEST FOR WP or WF GRADES

Year: _____ ☐ Fall ☐ Winter ☐ Spring

STUDENT NUMBER	LAST NAME	FIRST NAME

PROGRAM	AAL	CLASS

The above named student is:

☐ Withdrawing from the College

(If so, student MUST also complete a withdrawal request online: <https://www.stclaircollege.ca/forms/request-withdraw> or reach out to the Registrar's Office: info@stclaircollege.ca

☐ Dropping the course(s) listed below.

<u>Course Code</u>	<u>Section</u>	<u>Grade of WP or WF</u>	<u>Instructor's Signature</u>

	Print Name	Signature	Date
Student:			
Program Coordinator:			

Completed form must be processed through the Registrar's Office - Box 3 or info@stclaircollege.ca