



Health Services Center, Room 1F01
Division of Student Development
Phone: 718-262-2050

WA GRADE REVERSAL FORM

Date: _____

Name: _____

Last 4 digits SS#: _____

Second proof of measles submitted on: _____

Immunization Satisfied: _____

Health Services Center Signature

Vice President of Student Development
Date: _____

FACULTY APPROVAL TO RETURN TO CLASS

Course Code	Section	Course Title	Faculty Signature	Approval
_____	_____	_____	_____	yes/no
_____	_____	_____	_____	yes/no
_____	_____	_____	_____	yes/no
_____	_____	_____	_____	yes/no
_____	_____	_____	_____	yes/no

-----DO NOT WRITE BELOW THIS LINE-----FOR BUSINESS USE ONLY-----

Approved by Registrar
Date: _____