



Office of Registrar  
 Colston Hall, Room 513  
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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