



**REQUEST TO ASSIGN GRADE OF
“WN” FOR NON-ATTENDANCE**

Student ID Number T	Date
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Name Enrolled Under (Last, First, Middle, Other)
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Registration Term: Spring Summer Fall Winter Intersession 20 _____

CRN	Course Prefix	Course Number	Sec No.	Last Day of Attendance

Instructor's Signature:

Department Head's Signature:

Fax or email completed form
to the Registrar's Office at:
(479) 968-0683 or registrar@atu.edu

Date Processed in the Registrar's Office