California State University, Bakersfield

Assignment of WU Grade

Please Print

Student's Name: ____________________________  _______________________  _________
       Last         First            MI

CSUB ID: __________________________

Has earned a grade of WU in ________________________ for _______________
   Course/Class Number                           Term/Year

The last day of attendance of the student in the above course was: ____________________
   Date

_________________________________ _________________________________
   Faculty Name – Print            Faculty Signature

Office use only

Grade of WU entered: _____________________________________    _____________________________
   Staff Signature                         Date

Instructor Note: Submit completed form to your Department Assistant

Original to Records                          Copy for Instructor/Department

Rev. 3/9/2009