

METROPOLITAN STATE UNIVERSITY of DENVER

The Office of Bursar (SSB 150)

INSTITUTIONAL CORRECTION FORM

This form is to correct an inadvertent error on the part of the institution.

Student Name: _____

Student ID#: _____ **Semester & Year** _____

Student Telephone # _____ **Email:** _____

CRN & Course #: _____

Does student have Health Insurance Fee on account for term listed above? Yes ___ No ___ If so, and if removal of above course(s)

reduces student's total credit hours for the term to less than 9, does student wish to keep their Health Insurance? Yes ___ No ___

Note: Student Health Insurance cannot be refunded if claims exist or if term has concluded.

Student Signature: _____

The individual taking responsibility for the correction and his/her Dean, Department Chair, Director, Associate VP, or Vice President must sign this form. Required signatures must be from two different individuals.

Tuition and/or fees should be waived for the above student for the following reasons:

DEPARTMENT RESPONSIBLE FOR CORRECTION – CHECK THE APPROPRIATE ACTION BELOW AND RETURN TO THE OFFICE OF THE BURSAR.

_____ **DROP** (Delete specific class(es) from academic record.)

_____ **WITHDRAW** (Post W grade notation to academic record.)

SIGNATURE & TITLE OF PERSON RESPONSIBLE FOR CORRECTION

DATE

PRINTED NAME

EXT.

SIGNATURE & TITLE OF DEPT. CHAIR, DEAN, DIRECTOR, VP, OR ASSOC. VP.

DATE

PRINTED NAME

EXT.