



## Grade of WQ Request Form

Student SAM ID: \_\_\_\_\_ Student First & Last Name: \_\_\_\_\_

Course Prefix and Number for WQ Request: \_\_\_\_\_

Course CRN for WQ Request: \_\_\_\_\_

Semester and Year of Course for WQ Request: \_\_\_\_\_

Student Signature: \_\_\_\_\_

*I have discussed a grade of WQ with my course instructor and my SAM Center advisor, and I wish to proceed with requesting a grade of WQ for the above course.*

Course Instructor Signature: \_\_\_\_\_

*I have discussed a grade of WQ with this student, and I approve of assigning a grade of WQ for the above course.*

***If submitting this form after grades have been posted for the term indicated above, please provide the current grade on file:***

Course Department Chair Signature: \_\_\_\_\_

*I support assigning a grade of WQ for this student for the course referenced above.*

SAM Center Advisor Signature: \_\_\_\_\_

*Advisor confirms options/impacts were discussed with student; notes in Degree Works reflect next steps once grade of WQ posts with End of Term processing.*

**The completed form must be emailed to the Office of the Registrar no later than 11:00 am on the day grades are due for the semester to [regforms@shsu.edu](mailto:regforms@shsu.edu).**

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*For Office of the Registrar Use Only:*

Date Processed: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date student notified of assigned grade: \_\_\_\_\_