



**Danville Area
Community College**

Grade Exclusion Request

I request that _____, _____
Name of Student Student ID Number

grade exclusion be awarded for _____ Semester _____ Year

_____ Semester _____ Year

_____ Semester _____ Year

Student is presently enrolled: _____ Yes _____ No

Comments: _____

Academic Advisor/Division Dean

Date

Vice President for Academic Affairs

Date

Note: Request can be made after a period of at least two years and evidence of noticeable improvement.

**Student transcript must be attached to this form for approval.

White copy
Vice-President's Office

Yellow Copy
Records Office

Pink Copy
Counseling Office

Gold Copy
Student copy