FACULTY INITIATED DROP FORM

Please specify course:

CRN #	Dept/Prefix	Course #	Section	Title

(Valid only through the current semesters published drop/add period for the specified course.)

Complete all information below for each student to be dropped from the above course:

Student Number	Last Name	First Name	Reason for drop	
			☐ Non-attendance	☐ No Prereq.
			☐ Non-attendance	☐ No Prereq.
			☐ Non-attendance	☐ No Prereq.
			☐ Non-attendance	☐ No Prereq.
			☐ Non-attendance	☐ No Prereq.
			☐ Non-attendance	☐ No Prereq.
			☐ Non-attendance	☐ No Prereq.
			☐ Non-attendance	☐ No Prereq.
			☐ Non-attendance	☐ No Prereq.
			☐ Non-attendance	☐ No Prereq.

NOTE TO INSTRUCTOR: This form may be used to: a) drop students who are in violation of a published non-attendance policy, if such a policy is in force, b) drop students who do not meet published pre-requisites for a course. Note: This form is valid only during published add/drop periods and is not to be used in lieu of assigning an "F", "U", or "X" during grading periods.

Signatures below are required. Send original in a sealed and secure envelope to:
Office of the Registrar
Stop 8196
Pocatello, ID 83209-8196
Phone: (208) 282-2661
Fax: (208) 282-4231

_____   _____
Faculty Signature   **Date**

_____   _____
Department Chair Signature   **Date**

_____

(Revised 10/2019)