



IDAHO STATE UNIVERSITY FACULTY INITIATED DROP FORM

___ Fall 20___ ___ Spring (year) ___ Summer

Please specify course:

Index Nbr	Dept	Course	Section	Title

(Valid only through the current semester's 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	
			<input type="checkbox"/> Non-attendance	<input type="checkbox"/> No Prereq.
			<input type="checkbox"/> Non-attendance	<input type="checkbox"/> No Prereq.
			<input type="checkbox"/> Non-attendance	<input type="checkbox"/> No Prereq.
			<input type="checkbox"/> Non-attendance	<input type="checkbox"/> No Prereq.
			<input type="checkbox"/> Non-attendance	<input type="checkbox"/> No Prereq.
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			<input type="checkbox"/> Non-attendance	<input type="checkbox"/> No Prereq.
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			<input type="checkbox"/> Non-attendance	<input type="checkbox"/> No Prereq.
			<input type="checkbox"/> Non-attendance	<input type="checkbox"/> No Prereq.
			<input type="checkbox"/> Non-attendance	<input type="checkbox"/> 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" or "U" during grading periods.

Signatures below are required. Send original in a sealed and secure envelope to:

Registration & Records
 Campus Box 8196
 Pocatello, ID 83209-8196

_____ **Faculty Signature** _____ **Date** _____

_____ **Department Chair Signature** _____ **Date** _____

For office of Registration and Records use only:

Verified: _____ Processed By: _____ Date: _____

Note: Please copy for department, send original to Registrar rev:(01/06)