

# Idaho State UNIVERSITY

___ Fall ___ 20___ ___ Spring (year) ___ Summer
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## IDAHO STATE UNIVERSITY FACULTY INITIATED DROP FORM

**Please specify course:**

CRN #	Dept/Prefix	Course #	Section	Title

(Valid only through the current semester's first week of classes.)

**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.
			<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.

**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

**For Office of The Registrar use only:**

Verified: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Please copy for department, send original to Registrar

rev: (09/16)