

Drop "No-Show" Students Form

This form must be received in Records & Registration by the end of the sixth day of the quarter.
 CRN and section number must be listed in order to process.

_____ Fall Winter Spring Summer
 (year)

CRN & Section #	Subject Code	Number	Title	Credits
Student Name				Student ID
Student Name				Student ID
Student Name				Student ID
Student Name				Student ID
Student Name				Student ID
Student Name				Student ID
Student Name				Student ID
Student Name				Student ID
Student Name				Student ID
Student Name				Student ID
Student Name				Student ID
Student Name				Student ID
Student Name				Student ID
Student Name				Student ID

Instructor's Name _____ Date _____

Email _____ Phone _____

Please drop the student(s) listed above from my class. Although these students names appear on my official class roster, they have not attended ANY of the class sessions that have met during the first five days of the quarter.

Instructor's Signature _____

To save this form: rename it using the following naming convention, DDNA_(insert course prefix and number).pdf. Sample: DDNA_ITGS321.pdf

Processed by _____ Date _____

