



Office of the Registrar

# Official Instructor Drop

Ref #: \_\_\_\_\_ Dept: \_\_\_\_\_ Course #: \_\_\_\_\_ Course Title: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form verifies that, due to lack of attendance and at the request of the instructor, the student(s) mentioned below has (have) been dropped from the course documented above. If you require further assistance please feel free to contact the Office of the Registrar. No Instructor Drops will be accepted after the third week of any term.

Student's ID:

Student's Name:

Student's Box (optional)

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Staff Signature: \_\_\_\_\_

Date Processed: \_\_\_\_\_