

FACULTY DROP

DEPT	COURSE #	SECT #	COURSE TITLE	CREDIT	INSTRUCTOR	TERM/YR

_____ ID #

_____ NAME

_____ CLASS YEAR

has not attended the first two class meetings of a waitlisted course and has not contacted me. I hereby drop this student from my class and will accept a waitlisted student.

_____ Faculty Signature

_____ Date

This request must be received in the Registrar's Office by the fifth day of classes.

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