Office of the Registrar Phone: (208) 885-6731 Fax: (208) 885-9061 registrarforms@uidaho.edu

## DROP DUE TO NON-ATTENDANCE

This form must be submitted to the Registrar's Office by the sixth day of the semester.

	Fall	Spring	Summer		
		1 5	-	YEAR	
CRN	Subject/Course Number/Section				
ANY	Please check current roster on VandalWeb to void of the class session				
Student Name			ID		
Student Name			ID		
Student Name			ID		
Student Name			ID		
Student Name			ID		
Student Name			ID		
Student Name			ID		
Student Name			ID		
Student Name			ID		
Student Name			ID		
Student Name			ID		
Student Name			ID		
Student Name			ID		
Student Name			ID		
Student Name					

be submitted by the sixth day of the semester (Catalog regulation M-4).

Instructor's Signature \_\_\_\_\_

 REGISTRAR USE ONLY
 Processed by\_\_\_\_\_
 Date\_\_\_\_\_\_