

INSTRUCTOR'S REPORT ON ABSENCE & SCHOLARSHIP

Student's Name:

Print Last Name_____
Print First Name

Social Security #

Last 4 digits

Course:

Code_____
Discipline_____
Section

Dates Absent:

Last Date Attended:

Grade Assigned:

_____ WU- **Dropped for excessive absences**_____ WF- **Dropped for poor scholarship**

Please check one of the above

_____ Avg. grade to date

Instructor's Signature_____
Date

Note to Instructor: This action is final unless otherwise notified by the Registrar's Office.
Student may not attend class.

Please submit completed form to the Registrar's Office Box H-0850 and maintain a copy for your record.