SWTX Excessive Absences Drop Form

Faculty E-mail:

Class Name & Section

Semester: Select Term

Number of Absences:

Last Date of Attendance:

Contact Methods:

- ☐ E-mail
- ☐ Phone
- ☐ Face-to-Face
- ☐ Other

Comments:

Student(s) to be dropped
(Please provide name & ID):

Instructor Signature:

Date:

For Registrar's Office Use Only

Date Drops Processed:

Processed By: