

Student Dis-Enrollment Form

Please remove the following student from all courses listed below. This student has not successfully completed the requirements to continue on in this program.

This form must be submitted to the Registrar's Office at least two days before a term begins.

Student Name	_____	ID #	_____
<small>(Please print all information)</small>	<small>Last</small>	<small>First</small>	<small>MI</small>
Term	_____	Major	_____
		Degree/Cert	_____

COURSES TO BE DIS-ENROLLED FROM				
Subj	No	Sec	Cr	Title

As the Division Chair, I understand that my Division is responsible for contacting this student to inform her/him they have been dis-enrolled from ALL of their classes.

Division Chair Name (printed) _____ **Signature** _____ **Date** _____