Lewis-Clark STATE COLLEGE
(208) 792-2223
Fax (208) 792-2429
500 8th Avenue
Lewiston, ID 83501
Office of the Registrar
www.lcsc.edu/registrar

Dis-Enrollment Form

Please remove the following students from the course listed below. These students have not successfully completed the pre-requisite requirements for this course. This form must be submitted to the Registrar's Office at least two days before a term begins.

Term, Course Subject, Number, Section and Title: _____ _____ _____ _____ _____
Term Subject Number Section Title

Print Please Student Information (complete all)

No.	Student ID #	Last Name	First Name	Pre-Requisite(s) Missing
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Instructor of Course Name Printed _____ **Signature** _____ **Date** _____

Division Chair Name Printed _____ **Signature** _____ **Date** _____