SCHOOL OF NURSING
LIST OF FAILURES AND/OR DROPS
(Policy No. 97)
Revised 12/2015

SEMESTER: 

COURSE NUMBER: 

COURSE NAME: 

Please give me only one list per course. A copy of this form must also be submitted to the BSN Coordinator.

Failure List: Please list the students below who did not successfully complete your course for this semester.

________________________________ ______________________________
________________________________ ______________________________
________________________________ ______________________________
________________________________ ______________________________
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________________________________ ______________________________

Drops: Also, list any drops so I can verify my lists.

________________________________ ______________________________
________________________________ ______________________________

Signature of Instructor: ___________________________ Date: _____________

Please return this form to Ms. Kat when completed.