

**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.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

_____	_____
_____	_____

Signature of Instructor: _____ **Date:** _____

Please return this form to Ms. Kat when completed.