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.

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Signature of Instructor: ___________________________ Date: _____________

Please return this form to Senior Secretary’s office when completed.

Reviewed December, 2015