NO SHOW FORM

Instructor's Name:_____**Date:** _____

Semester:_____**Fall**_____**Spring**_____**Summer**

Note: This form is to be submitted **"immediately after the second class session for students who never attended class".**

Student Emplid	Dept. and Course No	Section	Class Number

The below is to be filled out by the Office of Admissions only

Processed by:_____Date: _____

Notes:

_____

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