

DELTA STATE UNIVERSITY
EXCESSIVE ABSENCE REPORT

Faculty Member: _____

Date: _____

Department: _____

List below students with absences greater than 25% to be cut out from your course. Each students will be notified of this action by Academic Affairs. As a result, the student will receive a recorded grade of “F” for the course.

*****Send this completed form to the Provost/Vice-President for Academic Affairs, Kent Wyatt Hall 228, Campus**

FACE-TO-FACE COURSES:	Identification Number	Course CRN #	Course & Section Number	Maximum # of Absences Allowed	Actual # of Absences	Last date of recorded attendance or academic activity
Student's Name Last, First						
ONLINE COURSES:	Identification Number	Course CRN #	Course & Section Number	Maximum # of Inactive Weeks Allowed	Actual # of Inactive Weeks	Last date of recorded attendance or academic activity
Student's Name Last, First						