BOISE STATE UNIVERSITY

# Student Athlete Drop Form

## Student Information

First Name | Last Name | Phone Number | Student ID

### Semester

☐ Fall ☐ Spring ☐ Summer Year _____

## Requested Courses to Drop

| 5-Digit Class Number (e.g., 12345) | Subject (e.g., ART) | Catalog Number (e.g., 100) | Section (e.g., 001) |
|---|---|---|---|
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Student Signature Date

Athletic Advisor—Print Name and Sign Date

Registrar's Use

Deliver to: Boise State Registrar's Office, Administration Building, Room 110, 1910 University Drive, Boise, ID 83725-1365
Phone: (208) 426-4249 | FAX: (208) 426-3169