



# 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)

Student Signature

Date

Athletic Advisor—Print Name and Sign

Date

Registrar's Use
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Deliver to: Boise State Registrar's Office, Administration Building, Room 110, 1910 University Drive, Boise, ID 83725-1365  
Email: [regmail@boisestate.edu](mailto:regmail@boisestate.edu) | Phone: (208) 426-4249 | FAX: (208) 426-3169