Permanent Removal of Disruptive Student by Instructor Report

Student's Name: _____

Student Identification Number: _____

Instructor's Name: _____ *Office Phone #:* _____

Instructor's E-mail Address: _____

Course Title: _____

Course Number: _____ *Section Number:* _____

Description of Incident (use additional pages if necessary)

_____
_____
_____
_____
_____
_____
_____

Describe the instructions that were given to the student:

_____
_____
_____
_____
_____

Was the student asked to leave the class? Yes _____ *No*_____*N/A*_____

Did the student leave voluntarily? Yes _____ *No* _____

Were the police contacted? Yes _____ *No* _____

If yes, officer's name: _____ *Officer's Department:* _____

Action taken by Police (list report number and whether arrest occurred):

_____
_____
_____
_____
_____

Why do you wish to remove the student from the class permanently?

_____
_____
_____
_____

*What final grade will you assign to the student for this course?*_____

*Faculty Member's Signature*_____*Date:* _____

Submit copy of form electronically to: student, department chair, and to CAGAS at CAGAS@wiu.edu or via fax to 309-298-2787