



**Nova Scotia
Agricultural
College**

Office of the Registrar
PO Box 550
Truro, Nova Scotia
Canada B2N 5E3

Tel: (902) 893-6722
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NOTIFICATION OF DROP/FAIL

Family Name	First Name	Middle Name
Student ID		Phone Number

Course(s) to be Drop/Failed	Lab/Tutorial Section

Instructor Signature _____ **Date** _____
(Instructor confirms he/she had been informed)

Student Signature _____ **Date** _____

Registry Signature _____ **Date** _____