

Attendance Appeal Request

DIRECTIONS: Students who are absent for three cumulative weeks are required to submit an appeal before the next class meeting if they intend to remain enrolled in the course. The student should complete the information in the first portion of this form and submit it to the instructor.

NOTE TO FACULTY: If the student comes to the next class meeting without completing the form, allow the student to attend the class, but mark them absent until the appeal is submitted at the end of the class.

Student Name: _____ Student ID#: _____ Date: _____

Student Phone: _____ Email: _____

Course Title & Number: _____ Quarter: _____

Weeks of Absence: 1 2 3 4 5 6 7 8 9 10 11

Please list reasons for absence (Documentation supporting the reason must be submitted with this form.)

Please list the plan to complete work that was missed during the absence (attach an additional sheet if required).

TO BE COMPLETED BY INSTRUCTOR

Academic Standing: Current Grade _____

Can the student pass this course? Yes No

Is the student up-to-date on assignments? Yes No

Can the student attend a make-up session? Yes No

Is the student's plan to make up work that was missed appropriate? Yes No

Do you support the student's appeal? Yes No

Instructor Name: _____ Instructor Signature _____ Date: _____

TO BE COMPLETED BY THE DEAN

Appeal Approved Appeal Not Approved

Dean of Academic Affairs: _____ Date: _____