10-POINT DEDUCTION APPEAL

Directions: Complete each item below down to the Review Response area. Submit the completed form with supporting documentation attached within 3 days of your absence, to your Instructor to sign with date received (who will then give it to your Department Chair):

STUDENT’S NAME ________________________________ DATE_______________
CLASS _________________________ INSTRUCTOR ____________________________
PROGRAM OF STUDY __________________________________________________
DATE ABSENT ___________ ASSIGNMENT(s)______________________________

Describe the reason(s) your absence should allow the assignment(s) identified above to not be penalized by 10-point deduction as described in the course syllabi. ATTACH supporting documentation for all dates relating to missed tests/assignments.

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Student Signature:
Instructor Signature with date received:

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***********************Response From Waiver Review***********************
REVIEWED BY: _______________________________ DATE REVIEWED:_________
APPEAL IS: ___ Granted ___ Denied
REVIEWED BY: _______________________________ DATE REVIEWED:_________
APPEAL IS: ___ Granted ___ Denied
REVIEWED BY: _______________________________ DATE REVIEWED:_________
APPEAL IS: ___ Granted ___ Denied
REVIEW DECISION: APPEAL IS: ___ GRANTED ___ DENIED DATE ENTERED__________