

ABSENCE APPEAL

Student Application

Complete this form then save it & email
to ppjohnson@northwestms.edu

| APPLICANT INFORMATION | | | |
|---|--------------------------|--------------------------|--------------------------|
| Student Name | | Contact number | |
| Student ID | | | |
| Course Name | | | |
| Instructor Name | | | |
| STUDENT EVALUATION: Please complete area below. How you respond will influence whether or not you are readmitted into the class. | | | |
| Reason for Missing Deadlines | Check those that Apply | Documentation Available | |
| | | Yes | No |
| Illness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Death | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Military Service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Computer Issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Explanation: | |
| ADDITIONAL COMMENTS. <i>Explain below why you feel you should be admitted back into the class (use back if necessary):</i> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| FOR ADMINISTRATIVE OFFICE USE ONLY | | | |
| DATES OF ABSENCES: | | | |
| | | | |
| IS THERE A POSSIBILITY OF THE STUDENT PASSING? (Please Explain) | | | |
| | | | |
| IS THE INSTRUCTOR WILLING TO ALLOW THE STUDENT TO RETURN TO CLASS? OR WITHDRAW FROM CLASS? | | | |
| | | | |
| APPLICATION FOR APPEAL | | | |
| <input type="checkbox"/> IS DENIED <input type="checkbox"/> IS APPROVED | | | |

STUDENT SIGNATURE: _____ DATE: _____

SIGNATURE OF EVALUATOR: _____ DATE: _____

PRINTED NAME OF EVALUATOR: _____