

# ABSENCE APPEAL

Student Application

Complete this form then save it & email  
to [slatham@northwestms.edu](mailto:slatham@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: \_\_\_\_\_