

Attachment 9.2-3



Scheduling and Absence Request Form

*Failure to complete all sections of this request will result in this form being closed and require a new form to be completed.
(Including but not limited to providing documentation)*

Name:	
SID#:	
Student email:	
Course:	
Start Date of Request:	End Date of Request:
Type of Request:	

Details:

Please list all the activities impacted by your request (as listed on the calendar).

Please provide specifics as to the circumstances surrounding your need.

Operations/Coordinator Notes

Date request received:	Documentation included:
Approved or Needs Forwarded? Date and To Whom Forwarded (if applicable):	Date response received (if applicable):
Date response was sent to the student:	Outcome (approved/denied):
Final outcome: (approved/denied; unanticipated/anticipated)	

