



## Drop Appeal Form

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Course Prefix: \_\_\_\_\_

Weekly Contact Hours: \_\_\_\_\_

Course Number: \_\_\_\_\_

Accumulated Absences (Hours): \_\_\_\_\_

Section Number: \_\_\_\_\_

Accumulated Tardies: \_\_\_\_\_

16- Week Course    12 – Week Course   8-Week Course   5 – Week Course

Current Average in Course: \_\_\_\_\_

Yes    No   Has the student exceeded the department’s attendance policy of \_\_\_\_\_ hours of the total contact hours for the semester?

Yes    No   Has the student exceeded the college’s attendance policy of 20% of the total contact hours for the semester?

Yes    No   Has this student conducted himself/herself with professionalism and respect in your classroom?

Yes    No   Are there extenuating circumstances related to the absences?

If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes    No   Do you recommend that this student be readmitted to your class?

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Instructor’s Signature

\_\_\_\_\_  
Date