



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