

Full Legal Name	CR ID#				
				fication other than mere scheduling ision of the instructor of the course.	
	-			ICTS WITH YOUR SCHEDULE. g a different semester?	
		URSE STUDEN	T WILL ATTEND FULLY		
Term & Year	Course Name	Section #	Meeting Days & Times		
	Ex. COMM-1	Ex. E4251	Ex. T & Th from 12:00pm-2:00pm		
Summer/Fall/Spring					
Year:					
COL	JRSE STUDENT WIL	L ATTEND PAR	TIALLY, WITH INSTRUC	FOR AGREEMENT	
Term & Year	Course Name Ex. COMM-1	Section # Ex. E4251	Meet	Meeting Days & Times Ex. T & Th from 8:30am-12:30pm	
Summer/Fall/Spring Year:					
DAY(S) & TII	ME(S) STUDENT WI	LL MEET WITH	INSTRUCTOR TO MAK	E UP CLASS TIME MISSED	
Instructor Name		Coursework Make Up Days & Times Agreed Ex. M & W from 1:00pm-1:30pm		Instructor Comments (optional)	
By signing below, I an forth in Title 5 Educat	-		itions detailed on this f	orm and to the regulations set	
Student's Signature				te	
Instructor's Signature				ate	
Admissions and Records Signature				ate	
DE DE 1 <sup>st</sup> Date of Attendance		1 <sup>ST</sup> DATE OF ATT	ENDANCE REQUIRED AFT	ER CENSUS DATE	
Dean's Signature				ate	