



NOTIFICATION OF ABSENCE FOR RELIGIOUS HOLY DAY

Name _____ CWID _____

Religious Holy Day: _____

Date of Absence: _____

CLASSES SCHEDULED ON THAT DATE

COURSE	COURSE NO.	SECTION	MAKE-UP COMPLETION DATE	PROFESSOR
1.				
2.				
3.				
4.				
5.				

I understand that the work scheduled for this day must be made up. I will meet with my professor(s) when the material is due.

Student's Signature

Date

Professor(s) Signature:

Date:

1. _____

2. _____

3. _____

4. _____

5. _____

Form must be completed within the first 15 days of the semester. For questions, see the Registrar's Office.