ENGINEERING STUDENT REQUEST TO START CLASSES AFTER 2ND WEEK OF SEMESTER

Student Name __________________________ ID#_________________ Semester ________

Course __________________________

Instructor please complete the following information and provide any additional comments you feel would be helpful:

• How many classes missed __________________________
• Assignments/points missed __________________________
• Exams or quizzes missed __________________________
• How will missed points be handled __________________________
• Likelihood for student success at this point of the semester __________________________
• Additional comments:

Instructor signature____________________________________       Date_______________

Course __________________________

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Instructor signature____________________________________       Date_______________

Or if preferred, instructor may send information directly to: ISU Engineering Academic Standards Committee, probationengr@iastate.edu, Phone: 515-294-8355.