

Bishop State Community College

NO SHOW APPEAL FORM

STUDENT NAME: _____ STUDENT NUMBER: _____
 Last First

Late Start Term: FA 2019 SP 2020
 Begins: Sep 11 Feb 4

DEADLINES: Oct 7 Feb 28

DATE OF APPEAL	COURSE NAME and SECTION #	# CR HRS	APPROVED INSTRUCTOR'S SIGNATURE	DATE	1 ST DAY CLASS MET	DATE STUDENT BEGAN ATTENDING	Admissions Office Signature & Date
			Signature signifies that instructor will work with student to complete any missed course work/assignment(s).				

INSTRUCTOR'S NAME (PRINTED) _____ **CONTACT#** _____

INSTRUCTOR'S REASON FOR **DENYING** STUDENT'S APPEAL: _____

Student Signature: _____

<p>NO SHOW APPEAL INSTRUCTIONS – <u>CONTINUE ATTENDING CLASS WHILE APPEAL IS PROCESSED</u></p>
<p>1. YOU WILL BE NOTIFIED <u>VIA CAMPUS EMAIL</u> OF YOUR "NO SHOW" STATUS.</p>
<p>2. YOU <u>MUST</u> COMPLETE AND FILE THIS APPEAL FORM <u>NO LATER THAN</u> THE PUBLISHED DEADLINE DATE.</p>
<p>3. YOUR COMPLETED FORM MUST BE RETURNED AND PROCESSED IN THE ADMISSIONS OFFICE.</p>
<p>It is the responsibility of the student to visit the Bursar's Office after their appeal has been processed to verify the accuracy of all charges.</p>