

Bishop State Community College

NO SHOW APPEAL FORM

STUDENT NAME: _____ STUDENT NUMBER: _____
 Last First

Late Start Term: FA 2018 SP 2019 SU 2019
 Begins: Sep 4 Feb 7

DEADLINES: Sep 26 Mar 11

| 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: _____

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| <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> |