Bishop State Community College

NO SHOW APPEAL FORM

STUDENT NAME: _____ _____ **STUDENT NUMBER:** _____
Last **First**

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REGULAR TERM and	**FA 2017**	**SP 2018**	**SU 2018**
1ST MINI TERM: (Circle one) Begins	**Aug 21**	**Jan 8**	**May 25**
DEADLINES:	**Sep 13**	**Jan 31**	**Jun 19**
2nd MINI TERM: (Circle one)	**FA 2017**	**SP 2018**	**SU 2018**
Begins	**Oct 16**	**Mar 7**	**Jul 2**
DEADLINES:	**Nov 8**	**Apr 4**	**Jul 25**

DATE OF APPEAL	COURSE NAME and SECTION #	# CR HRS	**APPROVED** INSTRUCTOR'S SIGNATURE	DATE	1ST 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:_____

NO SHOW APPEAL INSTRUCTIONS –

CONTINUE ATTENDING CLASS WHILE APPEAL IS PROCESSED

1. YOU WILL BE NOTIFIED **VIA CAMPUS EMAIL** OF YOUR "NO SHOW" STATUS.
2. YOU **MUST** COMPLETE AND FILE THIS APPEAL FORM **NO LATER THAN** THE PUBLISHED DEADLINE DATE.
3. YOUR COMPLETED FORM MUSTBE RETURNED AND PROCESSED IN THE ADMISSIONS OFFICE.

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.

VERSION 1.5 REVISED August 2017

Dates are subject to revision without notice.

ONE COURSE PER FORM