Class Attendance Override Request Form\*

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| --- | --- |
| Name of Faculty: | |
| Course Number: | Section: |
| Course Title: | |
| Date Attendance Missed: | Class Time: |
| Cause of Missing Attendance: | |
| Signature: Date: | |

\* Complete this form and submit this at the CSE department office (Room# 5001).Please attach a copy manual attendance.