APPLICATION FOR WAIVER OF CLASS ATTENDANCE REQUIREMENT UNIVERSITY OF SOUTH CAROLINA SCHOOL OF LAW

Submit the completed and signed form to the Office of the Associate Dean for Academic Affairs, Room 273. You must submit a separate form for each course for which a waiver is requested.

NAME:			
Tel. Number:		E-Mail Address:	@email.sc.edu
Course Title:	ourse Title: Course Number:		
Number of Cred	it Hours:N	ame of Instructor:	
Semester for whi	ich a waiver is req	uested:	
Number of days	per week the class	meets: <u>day(s)</u>	
Total Number of	Class Absences in	this Course in the Semester:	
attendance require	ement in the course	Student Handbook, I hereby r named above for the semester given below (attach additional Reason for Absence	designated. I have missed
Date of Absence		Reason for Absence	
The foregoing inf	ormation is accurate	e and complete to the best of m	y knowledge.
Signature:		Date:	