LATE WORK AUTHORIZATION

Course ___________________     Semester ___________________

Name ___________________     Date ___________________

ID # ___________________     Assignment ___________________

Reason for authorization to be granted to submit assignment late (be specific and attach copies of supporting documentation):

Note: This form is to be completed by the student for each authorization request. It will be kept in the instructor's files. A student should complete this form within three (3) class meetings after the assignment was due or establish contact with the instructor to discuss their situation.

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Student ___________________     Date ___________________

Instructor ___________________     Date ___________________