**COMPOSITION COURSES ATTENDANCE POLICY APPEAL FORM**

(ENG 1050 and ENG 1060)

**I. Purpose of Appeal Form:**The First-Year Composition Program acknowledges that **on rare occasions**, students may miss class **due to severe and unexpected events, such as catastrophic illness, accidents, or family emergencies.** However, **these events must be documented.** Acceptable forms of documentation include notes from health care professionals (doctors, hospitals, counsellors, etc.), police reports, death certificates, notes from court appearances, notes from the Title IV office, notices of military deployments or field training exercises, etc.

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| --- | --- |
| **Student Information** | **Course Information** |
| Student Name  |  | Course and section number: |  |
| Banner ID |  | Instructor: |  |
| Bravemail Email address |  | Class meeting time/days |  |
| Current Phone number |  | Total number of absences |  |

**II. Rational for the Appeal:** Provide the date of each absence and an explanation and a justification for each absence. (You may attach a separate page, if necessary.)

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| --- | --- | --- | --- |
|  | **Absence** **Date** | **Reason for Absence** | **Is Documentation Included?** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
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| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |

**Part III. Documentation:** Attach documents necessary to support your appeal, including police reports, death certificates, health care professionals’ notes.

**Part IV. Additional Documentation:** Include screenshots of your grades from Canvas as well as copies of email communications with your instructor.

* Submit all documentation to Dr. Nikki Agee, Director of Composition, Dial 239-C, during the last two weeks of classes.
* You will be notified via email of the result of your appeal as soon as a decision is made. Generally, the process takes no longer than two weeks.
* If you wish to meet with Dr. Agee, Director of Composition, please indicate by checking the appropriate selection: \_\_\_\_ Yes \_\_\_\_No.

“I understand that, in order for my appeal to be considered, I must complete this form in its entirety. Furthermore, I understand that this form and its attachments represent the one and only time that I will be allowed to submit any information relevant to this appeal and that no additional information or amendments may be submitted separately or at a later date. Finally, I confirm that all information herein is accurate and truthful. If any false information is contained herein, I understand that (a) this appeal will automatically be denied; and (b) this false information will constitute the violation of the UNCP honor code. I am aware that if the semester is not over, attendance is mandatory until I am notified of the result of this appeal.”

Signature: (required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_