REQUEST TO LIFT ACADEMIC DEPRIVATION

STUDENT INFORMATION

Student's Full Name		University ID Number	
Course in Which the Student Was Academically Deprived		Course Code and Number	
Section		Semester	☐ First ☐ Second
Academic Year	14___ / 14___ AH	Course Instructor's Name	

REASONS FOR ABSENCE

☐ **Medical Excuse**

• Issued by: _____

• Period: _____ From ___ / ___ / 14___ AH to ___ / ___ / 14___ AH

☐ **Official Participation**

• Location: _____

• Period: _____ From ___ / ___ / 14___ AH to ___ / ___ / 14___ AH

☐ **Death**

• Relationship to the Deceased: _____ Date of Death: ___ / ___ / 14___ AH

☐ **Other Reasons:**

☐ **None:**

Student Signature: _____Date: ___ / ___ / 14___ AH

ACADEMIC DEPARTMENT SECTION

Item	Details
Number of Hours Missed by the Student	_____ Hours
Absence Percentage	_____ %
Number of Hours Missed by the Student with an Official Excuse	_____ Hours
Percentage	_____ %

Course Instructor's Remarks:

Remarks of the College Student Affairs Committee:

The Executive Council, in its meeting No. _____ held on ___ / ___ / 14___ AH, recommends _____ regarding the student's request to lift academic deprivation.

Chief Executive Officer, Applied College

Signature: _____