Review Session Excuse Form

Caller Name:_________________________ Date:_______
Caller Phone Number:_________________________
Shift:________________
Professor/TA Name (circle one):_______________________
Professor/TA Email Address:_______________________________
Office Phone Number:_______________________________
Professor Signature:_______________________________
TA Signature:_____________________________
Class:___________________________________

Exam/Review Session (circle one)

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Approved By:

Date:

** MUST BE FILLED OUT COMPLETELY TO BE ACCEPTED, ESPECIALLY PROFESSOR OR TA PHONE NUMBER

*** REMEMBER YOU CAN ONLY USE 2 CLASS EXCUSE FORMS EACH SEMESTER