

# 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)

Date

Times

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**