

Instructor Verification Form

SSCIUT

(801) 6266100 / Fax: (801) 626679 E-mail: academicpetitions@weber.edu

Student Information							
Name:			Student ID: W				
Attendance			ı				
Class:	CRN:			Semester:			
Last date of attendance:	Da	ate of las	t assignmen	t turned in:			
Has attendance been regular?	☐ Yes ☐) No					
Instructor's Notes: Please add a situation. For example: if/when	•	_	-				this
Instructor's Information							
Instructor's Signature:				Date:		_	
Instructor's Name (please print)):			Departmental Sta	amp:		
Email address:	@w	ahar adı	WSII Pho	ne Extension:	WSII MC:		

This form will be used to verify attendance/participation for an Exception to University Policy.