

North Olympic Peninsula Skills Center

Appeal Form

First Name

Last Name

Mailing Address

City

Zip

NOPSC Program

AM ___ PM ___ LA ___
Section

I understand that my pattern of attendance has resulted in a loss of credit for my NOPSC class. I would like to appeal this loss of credit, and I am requesting that NOPSC review my attendance record.

This is my ___ 1st ___ 2nd ___ 3rd (check one) appeal this semester.

Absence Date	Reason for Absence	Ex. or Unex.

I will turn this form into the Director by the due date indicated on the absence letter.

Student Signature

Parent/Guardian Signature

For office use only:	
Appeal Denied: _____	Loss of all credit
Appeal Granted: _____	Credit to be determined at semester
Appeal Granted: _____	No loss of credit
Contract: _____	Copy attached