EEC 290 Waiver – Petition to be excused

Student Name: __________________________ Date: ________

Student ID: __________________________ Admit Term: ________

Quarter: _____ Year: ___________ Instructor: _______________________

Reason:

☐ Class Conflict (Please attach class schedule)
☐ Employment (Please attach employment letter)
☐ TA Appointment (Please provide proof)
☐ Other: Provide written explanation and attach all supporting documents

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Approval of Instructor: ______________________________