APPLICATION FOR WAIVER OF CLASS ATTENDANCE REQUIREMENT
UNIVERSITY OF SOUTH CAROLINA SCHOOL OF LAW

Submit the completed and signed form to the Office of the Associate Dean for Academic Affairs, Room 202. You must submit a separate form for each course for which a waiver is requested.

NAME: _____

Tel. Number: _____ **E-Mail Address:** _____**@email.sc.edu**

Course Title: _____ **Number of Credit Hours:**_____

Course Number: _____**Name of Instructor:** _____

Semester for which a waiver is requested: _____

Total Number of Class Absences in this Course in the Semester: _____

Pursuant to Section VI(G) of the Law Student Handbook, I hereby request a waiver of the class attendance requirement in the course named above for the semester designated. I have missed the following classes for the reasons given below (attach additional pages as needed):

Date of Absence	**Reason for Absence**

The foregoing information is accurate and complete to the best of my knowledge.

Signature: _____ Date:_____

CLEAR FORM INSERT DATE