

Student Verification of Illness for CMSC 122

Student: Last Name: _____ First Name: _____

University ID Number: _____

Section for which you are registered (circle one): 0101 0102 0103

Date of Missed Class: _____

Was there a quiz on the date missed (circle one): Yes No

I personally verify that I was unable to attend class on the date listed above. I realize this personal verification can only be used for a single missed quiz during the entire semester. This self-documentation cannot be used to receive an extension on a project, the research paper or for a missed exam.

By signing below, I acknowledge the above restrictions and assert that I was physically unable to attend class on the date above.

(signature)

(date)

----- for instructional staff use only -----

Submitted to _____

on _____