



PROGRAM VERIFICATION FORM

TO: Instructors of Classes Missed by Students Attending an Authorized University Event

FROM: Faculty or Staff Advisor for the Event _____

SUBJECT: Makeup Assignment for University Event and Approved Co-curricular Activity

The student(s) listed below will be participating in an authorized university-sponsored event and co-curricular activity that conflicts with scheduled classes. Makeup assignments are to be governed by the *Make-up Assignments for Authorized University Events or Co-curricular Activities* policy (the UCF Policies and Procedures Manual can be found at <http://policies.ucf.edu/>). For further information, please call the Office of Student Conduct at 407-823-2851.

(Please type or print)

NAME	PID
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ If more space is needed for additional names, please check here and use the reverse side of this sheet to list those names and PIDs.

Authorized University Event or Co-curricular Activity:

Description of Event or Activity: _____

Date(s) of Event or Activity: _____ Time From: _____ Time To: _____

Faculty, Staff Advisor, or Program Director of Event or Activity:

Name	Department	Phone
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Signature of Advisor or Director: _____

Date

c: Office of Student Conduct, Student Resource Center, Room 154 (3650)