Lee College Request for Six –Drop Exemption

Student Name:	LC ID:	
Phone:	Semester:	
I request to be exempt from the red below. I understand that I must pro Documentation must be received b	ovide documentation in accordance	with the College's policy.
Severe illness or other debil Documentation required: [_	
Care of a sick, injured or neo Documentation required: S	edy person tatement from doctor or statemer	it from the person needing care
close relationship	or another person who is otherwise Death Certificate or obituary notice	·
Active duty service with the Texas National Guard or other armed forces by the student, a family member or a person who has a sufficiently close relationship Documentation required: Orders from service		
Change in work schedule th Documentation required: S	at is beyond the control of the stud tatement from employer	dent
•	a letter regarding the reason.) Additional supplemental documentati	on may be required.
I request exemption from the cou	rses listed below.	
Course	Number	Section
MATH (Example)	1325 (Example)	F01 (Example)
Student Signature: Date:		
Office use only Date	e Received: Proces	sed by:
Appeal Details:		