

INTERMEDIATE UNIT 1
Request to Complete Missed Class Time

Intermediate Unit 1 One Intermediate Unit Drive Coal Center PA 15423 724-938-3241 Fax 724-938-8722

Instructions:

This form should be used in the event that classroom time in a face to face course is unavoidably missed and the registrant would like to complete the course and receive credit. (Not applicable for online courses.) Online participants should use the Withdrawal Form. Registrant should complete form, including the Instructor's approval, and submit to the IU 1 by end of the last session. Registrant - submit the completed form along with a check for \$25.00 made payable to IU 1 General Fund, to IU 1, attn: Lil Mickens.

Processing Fee: \$25.00

Today's Date: _____

Student: _____

PDE Professional Personal ID: _____
(Retrieve from PDE Website – <http://www.pde.state.pa.us/> - forms without PDE ID# cannot be processed)

Instructor: _____

Course: _____

Date(s): _____

Date(s) or Time Missed: _____

Reason for Incomplete:

Anticipated completion (if known): _____

*Missed time must be made up the next time the course runs. This may not be extended without prior approval from Director of IU 1 Instructional Support Services.

Student: _____
(by signing, I accept the terms and conditions, and understand that failure to comply will result in not receiving credit and or Act 48 hours. I understand that I am not receiving a financial credit, but will be permitted to complete this course the next time it runs. I understand that I will be responsible for any increase in tuition or fees that may arise before completing this course and will have to pay the difference. Failure to complete this course the next time it runs will result in the forfeit of any payments, Act 48 hours or CPE Credits. To receive course credit then would require me to register and pay the full tuition and fees again.)

Instructor Approval: _____
(Office use only)

IU 1 Acceptance: _____
Director of Instructional Support Services (Not valid without IU 1 acceptance)

Received Date _____ Completed Date _____

Payment Info: Date: _____ Amount paid: _____ Ck #: _____