

COLLIN COUNTY COMMUNITY COLLEGE  
ADMISSIONS AND RECORDS OFFICE

**ABSENCE FOR RELIGIOUS HOLY DAY**

Name: \_\_\_\_\_ CWID \_\_\_\_\_

Religious Holy Day: \_\_\_\_\_

Date of Absence: \_\_\_\_\_

**CLASSES SCHEDULED ON THAT DATE**

COURSE	COURSE NO.	SECTION	MAKE-UP COMPLETION DATE	PROFESSOR
1.				
2.				
3.				
4.				
5.				

I understand that the work scheduled for this day must be made up. I will meet with my professor(s) when the material is due.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Professor(s) Signature:**

**Date:**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form must be completed by the 15<sup>th</sup> calendar day after the first day of the semester. For questions, see the Admissions and Records Office.