TRIO STUDENT SUPPORT SERVICES PROGRAM

FACULTY APPROVAL FORM
For
Student Activities Project

Student’s Name: ________________________________

Identification Number #: ________________________

Course(s):

______________________________

______________________________

______________________________

Requested Days of Absence: FROM:

TO:

Purpose of Event:

Benefit: Compliance with grant.

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<th>DISAPPROVE</th>
<th>INSTRUCTOR</th>
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“Putting Students First In the Pursuit of Excellence”

HCC/SSSP (07/25/03)