

Northern California Chapter

Electrician Trainee Class Make-up Policy

ABC NorCal Criteria for Make-up Approval:

- Request is submitted within seven (7) days from the last day of class.
- Quiz/exam make-up completed within fifteen (15) days from the last day of class. Under **no circumstances** will an extension be granted.
- No more than three (3) missed quizzes/exams will be allowed for make-up.
- Attendance hours equal to the maximum amount of time permitted to complete exam(s)/quiz(s) will be granted for quiz(s)/exam(s) being made up.

Any student who misses class may be eligible to make-up missed quizzes and/or exams if the student has documented proof of:

- Pre-planned event
- Previously Scheduled Surgery
- Immediate Need of Medical Attention
- Scheduled Court Date
- Childbirth Defined as accommodating a Students delivery of or participation in the delivery of his/her child or recovery/complications/illness resulting from childbirth
- Other Extenuating Circumstances (at the discretion of the Training Programs Manager)
- Mandatory Contractor Meeting (Union Votes, Required safety, etc.)
- Incarceration
- Severe Illness or Death Defined as accommodating a Students involvement during the time of severe illness, impending or recent death, and/or the funeral arrangements for and bereavement of, his/her:
 - Mother, Father, Stepmother, Stepfather, Grandparent, Legal Guardian, Current spouse, Son, Daughter, Stepchild, Grandchild, Brother or Sister, Mother-, Father-, Sister-, Brother-, Son- or Daughter-in-law

<u>Please Note: There will be no classroom hours granted for quizzes/exam(s)</u>
<u>being made up, only points will be honored.</u>

REQUEST FOR CLASS MAKE-UP

Student is an	☐ Electricia		☐ Certified Journe	eyman 🗖 Gen	eral Student			
Please Print Information Clearly: Student Name (First, Middle Initial, and Last) Stu					Student ID#:	Last four digit	s of SSN:	
Phone Number								
Class Information	nn:							
Class name (ie. 101)	л.	Location						
Class ID# Date of Missed class(s)			Reason for Make		lake-up:	÷up:		
		class(s) Class Day (1-14)		☐ Pre-planned Event*☐ Work Schedule*				
Date of Misseu class		Class(s)	Class Day (1-14)	☐ Illness / Injury*				
				☐ Other*	Other*			
Reason:	Sign:		ttached:					
Signature			Print Name			Date		
		BEL	OW FOR ABC N	orCal USE Of	NLY			
Did studon	t fail the cl	2002	□ Yes □ N	lo				
Recommendation:		a55 :	□ Approve □ Deny		If Appro	If Approved-		
				,				
laitiala			Data		Schedul	ed Date for Ma	 ake-Up:	
Initials			Date					
Final Decision:			□ Approved	□ Denied	Time:	 Time:		
					Tillio.			
					0-1 - 1 - 1	- d D: ::		
Manager signature **Most make-ups are to be done af			Date	hava baan tarr	Schedul	eu By:	Date	
			r the final grades p failed the class	nave been isst	ıeu			

rev. 10/30/2012