

**REQUEST FOR TIME OFF FORM / ONE-TIME APPEAL FORM**

**COURT REPORTING DEPARTMENT**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Student ID**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Title**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City/State/Zip**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E-mail address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit a written letter explaining the reason for your appeal to re-enter the Court Reporting Program. Please note that all appeals are not guaranteed.

All appeals will be reviewed by a Court Reporting Appeal Committee.

If the request for time off is denied, student must drop the program and restart in 180 days.

Students may appeal to return to the Court Reporting Program one time.

For all appeals, please attach any documentation to support your request to this form:

* For **medical issues**, include a letter from a physician or other medical practitioner, on letterhead, detailing the dates of treatment and statement attesting to student’s condition as reason for time-off request.
* For **death in immediate family**, please include a copy of the death certificate.
* For any **other** situations, supporting documentation should likewise be attached.

Appeals received without the proper documentation and form will not be reviewed.

Student will be contacted to schedule a time and date for review of appeal.

If appeal is granted, student may restart the Court Reporting Program during the next cohort.

Student balance must be current, if approved.

Please allow 1-2 weeks for a response.

The Court Reporting Appeal Committee’s decision is final.

I, , have read this form and my signature below   
 (Student’s Printed Name)

indicates that I understand, accept, and will abide by the Court Reporting Appeal Committee’s decision.

Student’s Signature Date

OFFICE USE ONLY:  
Received by: (Employee Name)

Date received: