

**MAP Center
Student-Athlete MISSED CLASS WORKSHEET**

Date: _____

Fall/Spring 200 _____

Dear Professor _____:

My name is _____ (PRINT) and I am a member of the IPFW _____ team. Below is a list of class sessions I am requesting to miss based on the attached team schedule. I have compared your course syllabus with my team's schedule, and I have indicated any class assignments I will be missing, along with a plan to make up any missed assignments. Please approve my plan and/or make suggestions to this plan as you see fit. Thank you for working with me; if for any reason a change occurs, I will meet with you to explain.

For each day that I request to be absent from all or part of your class, I will provide you with advance written notice as a reminder.

Additionally, my academic advisor will be requesting grade updates during the fifth and tenth weeks of the semester. I ask for your assistance in providing this information – it will be used to monitor my progress and to alert the Athletics Department of any eligibility issues that may arise.

If you have any questions, please feel free to contact any of the following individuals:

- Leslie Clark, Director MAP Center – 16054, clarl@ipfw.edu
- Chris Kuznar, Associate Director MAP Center–16192, kuznarc@ipfw.edu
- Dr. Elliott Blumenthal, Faculty Athletics Representative – 16004, blumenth@ipfw.edu
- Dr. Jeanie DiClementi, Associate Faculty Athletics Representative—16397, diclemej@ipfw.edu
- Lauren Wilson, Assistant AD for Compliance –16661, wilsonl@ipfw.edu

| Day/ Date | Contest (if Away, indicate location) | Assignment(s) on syllabus | Plan to make up assignment(s) |
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Course & Course Number + (Section) _____

Student-Athlete

Date

Professor

Date