



Program Verification Form

To: Instructors of classes for student attending an Authorized University Event
 From: Faculty or Staff Advisor for the Event or Activity: _____
 Subject: Make-up assignments for University Event and Approved Co-curricular Activity

The student listed below will be participating in an authorized university-sponsored event and co-curricular activity that conflicts with scheduled classes. Make up assignments are to be governed by the *Make-up Assignments for Authorized University Events or Co-curricular Activities policy: 4-401.1* (see Policy Statement and Procedures below or visit: <http://www.policies.ucf.edu>).

POLICY STATEMENT: Students are frequently asked to represent the university in authorized events and activities. In some cases, this participation conflicts with the students' course assignments and requirements. It is university policy that faculty members offer a reasonable opportunity for such students to complete missed classroom deadlines or assignments, including written or oral examinations, quizzes, term papers, or other assignments. Furthermore, the make-up assignment and grading scale should be equivalent to the missed assignment and its grading scale. No penalty due to absence may be applied to these make-up assignments.

PROCEDURES: The names of students participating in authorized activities, intercollegiate athletics, band, choir, co-curricular activities, and academically related program events will be listed on a Program Verification Form. **It is the student's responsibility to present a copy of this form signed by the appropriate individual to the faculty member(s) responsible for the class from which the student will be absent. The student must provide the Program Verification Form prior to the class in which the absence occurs.** The university sponsor signs a copy of the Program Verification Form and files it with the Office of Student Rights and Responsibilities for verification purposes.

Name of student: _____ UCF ID: _____

Authorized University Event or Co-curricular Activity: _____

Description of event or activity: _____

Date(s) of event or activity: _____ Time From: _____ Time To: _____

Faculty, Staff, Advisor, or Program Director of Event or Activity:

Name Department Phone

Signature of Faculty, Staff, Advisor or Program Director (*Required*): _____

To be completed by the Office of Student Rights & Responsibilities

Date Received in OSRR	Date Verified	Name of Staff who verified	Initials of OSRR Staff