

Early Final Approval

Student's Name _____

Teacher's Name _____

THIS STUDENT HAS PERMISSION TO TAKE YOUR FINAL EARLY. IT IS HER/HIS RESPONSIBILITY TO WORK OUT WITH YOU WHEN IT WILL BE TAKEN. IT IS HIS/HER RESPONSIBILITY TO BE PREPARED TO STUDY AND TO WORK OUT A TIME SCHEDULED WITH YOU. He/she should be prepared to take the test before/after school or any other days determined by the teacher.

DATE OF ABSENCE(s) _____

Admin. Approval _____

Today's Date _____

*****ONLY STUDENTS WITH THIS SIGNED FOR SHOULD BE ALLOWED TO TAKE AN EARLY FINALL*****