



Statement of Mitigating Circumstances For Excused Absence or Discussion

Privacy Act Statement: *The principal purpose of the information in this form is for you to make a special consideration or other authorization request to Coding Dojo Inc. The information will be used to assist employees and staff of Coding Dojo in determining your eligibility and approval or rejection of the special consideration requested. Completion of this form is mandatory, and failing to provide required information may result in a delay in response to or rejection of your request. Please note: Medical reasons should be accompanied by a note or documentation by a licensed healthcare professional. However, details of students' medical conditions are NOT required.*

To Whom it may concern,

On the date(s) _____ I was unable to attend class or complete required discussion question(s) due to the mitigating circumstances laid out below.

Mitigating Circumstances:

I have sent any required documentation of evidence to support@codingdojo.com.

I acknowledge that I must meet or exceed 90% completion of all core assignments and 80% attendance (or discussions) for each stack during my program in order to meet my graduation requirements. I can reference the catalog or ask my support manager for a more detailed breakdown of my excused absence or discussion policy.

Student name (please print) Date

Student Signature

Dojo Staff Use Only

Documentation provided by student: **Y N**

If yes; What? _____

Documentation is uploaded to student file; **Y N**

I have reviewed the request and documentation provided by the above student. Based on my review the student is currently within attendance standards in their program and on track to meet the attendance requirements .

Recommend Approval: Y N INSTRUCTOR
Concur with Recommendation: Y N STUDENT SUPPORT MANAGER
Compliance Reviewed: Y N COMPLIANCE OFFICER (If required)

I have reviewed the request and documentation provided by the above student. Based on my review the student is currently at _____% attendance in their program and is on track to meet the attendance requirements. With this review, I ____ approve ____disapprove the mitigating circumstances as valid and grant a retroactive excused absence to the above named student.

Lead Instructor Name

Date

Lead Instructor Signature

School Certifying Official Signature
(For VA Beneficiaries Only)

Date