PENSACOLA STATE COLLEGE FINANCIAL AID/VETERANS AFFAIRS COLLEGEWORK STUDY PROGRAM

EARLY DISMISSAL FROM CLASS / RELEASE TO WORK FORM

Student Name:		D	ate:	-
Course Number		Section:		
Course Name				
Instructor: (print nar	ne)			
Release from class:	Date:	Time:		
The student listed above was released from my class due to the following: Comments/Explanation:				
, - ,				
	nt):			
Instructor Signature:				

The original signed copy must be attached to the student's time sheet in order for the student to be paid for hours worked when normally they would be in class.

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