

ACTivity Classes are Health & Human Performance lab classes and meet for a total of 30 hours each semester. All students receive 6 hours of allowed absences during the semester and are still eligible to receive credit. Missing 7 or more hours during the semester will result in a grade of "NCR" (No-Credit). **The petition process is intended for students who have missed consecutive ACTivity Classes related to a single significant event.** If a student experiences a significant event, they may submit a petition with the ACTivity Class Director to extend their allowed absences. Pending approval from the ACTivity Class Director and HHP Department Chair, allowed absences can be extended up to a maximum of 4 hours, for a semester total of 10 hours (6 hours allowed + 4 hours extended) in each ACTivity Class registered. **Petitions are not permitted after the last instructional day prior to finals week.**

Some examples of verifiable, documented circumstances that may merit approval are:

1. Extended illness, injury, personal or family-related emergency
2. Death of an immediate family member

Allowed absences will NOT be extended for the following reasons:

1. Illness, injury, personal or family-related problem resulting in one absence.
2. Automotive or other transportation problems.
3. Schedule conflicts with another class, job or other UM sanctioned event (varsity sports, internship, etc).
4. Weather conditions (if University closed, absence will not be recorded for that date)
5. Did not have Griz Card to enter the Fitness & Recreation Center.
6. Could not find the ACTivity Class location.
7. Started the ACTivity Class later in the semester.
8. Personal days not recognized by UM (if University closed, absence will not be recorded for that date)



Name (please print clearly): \_\_\_\_\_

Student ID number: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address (please print clearly): \_\_\_\_\_

To petition to have the number of allowed absences extended, mark the appropriate reason:

- Death of an immediate family member
- Extended personal or family-related emergency
- Extended illness or injury. Did you discuss program modification with your instructor?    yes    no
- Jury duty or military service
- Other \_\_\_\_\_

Course Number:      ACT/HHP \_\_\_\_\_ section \_\_\_\_\_ Course Title: \_\_\_\_\_

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I am petitioning to have the following class dates considered for an absence extension (beyond the current 6 hours of allowed absences). Please list the date for each class you are petitioning (up to the 4-hour max), not a range of dates.

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

**\*\* You must also provide written, verifiable documentation.**

**Please attach documentation to the petition. See back of this form for important details on written, verifiable documentation. \*\***

Academic misconduct is subject to an academic penalty by the course instructor and/or a disciplinary sanction by the University of Montana. Academic misconduct is defined as all forms of academic dishonesty. The Student Conduct Code is available on the UM website at: [http://www.umt.edu/vpsa/policies/student\\_conduct.php](http://www.umt.edu/vpsa/policies/student_conduct.php)

In particular, Student Conduct Code Section V.A.5 identifies the following violations:

*Submitting false information: Knowingly submitting false, altered, or invented information, data, quotations, citations, or documentation in connection with an academic exercise*

I verify that the information and verifiable documentation provided and related to this petition is accurate and truthful.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Written Documentation Requirements

- 1. Personal or family-related emergency or death of an immediate family member:** documentation must be verifiable, and provided by an immediate family member, medical or mental health provider. If petition is related to the death of an immediate family member, you do not have to provide a death notice or obituary but you must have documentation from an immediate family member or clergy who will verify that you were present at the service. Documentation must identify the ACTivity Class and dates class missed.
- 2. Jury duty:** documentation from the court that you were present for jury duty – not just a notice that you were called for jury duty.
- 3. Military service:** documentation from your branch of the military verifying the dates of your assignment.
- 4. Medical documentation:** does not need to include the medical diagnosis but must be from a health care provider who specifically states that your medical condition prevents you from participating in your ACTivity Class. Documentation must identify the ACTivity Class and dates class missed.

### Medical Documentation for students using Curry Health Center

#### Bring this form with you to the Curry Health Center

Your physician/physician's assistant/nurse practitioner must complete this section

Name: \_\_\_\_\_ is under my care and due to this condition was not able to participate in (list title of ACTivity Class or classes if more than one) ↓:

\_\_\_\_\_ on the following dates (must match the dates listed on the front of this form) ↓:

Student must miss consecutive ACTivity Classes due to this condition. Extensions not granted for single class missed.

Print name of MD/PA/NP \_\_\_\_\_

Signature of MD/PA/NP \_\_\_\_\_ Date: \_\_\_\_\_

Students please note that this medical waiver will be verified by the HHP ACTivity Class Office.

Please submit to:

*Chris Riley*

ACTivity Class Program Director

The University of Montana

**Department of Health & Human Performance**

32 Campus Drive

McGill Hall 117

Missoula, MT 59812

Telephone: (406) 243-4255

Fax: (406) 243-6252

Email: [chris.riley@mso.umt.edu](mailto:chris.riley@mso.umt.edu)

Date received: \_\_\_\_\_ Date student notified: \_\_\_\_\_ # hours extended \_\_\_\_\_

approved not approved Director: \_\_\_\_\_

approved not approved Chair: \_\_\_\_\_