



# HRA Fellowship Program

## Final Exam Excuse Form

<b>Student Name:</b>	<b>Campus:</b>
<b>Case Number:</b>	<b>Assigned Weekly Hours:</b>
<b>Worksite:</b>	<b>Supervisor:</b>

Work Period: \_\_\_\_\_ to \_\_\_\_\_

Total Excused Hours: \_\_\_\_\_

*I understand that I will not be paid for any hours excused.*

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CUNY EDGE Staff (Print)

\_\_\_\_\_  
CUNY EDGE Staff Signature

\_\_\_\_\_  
Date