

EXCUSED ABSENCE REQUEST FORM

Student Name: _____ SID# _____

Course Name _____ Course # _____ Section # _____

Course meeting time _____ Date this form submitted: _____

Exact date(s) you were absent: MONTH _____ DAY(S) _____

In the space below, explain clearly, with sufficient detail, the legitimate reason(s) for missing class. Attach your doctor/medial paperwork, written proof of participation in a university sponsored event, or family emergency documentation to the back of the form. Written documentation must accompany the request form. You have one week after returning to school from the absence to turn in the signed completed form and supporting documentation.

Provide a clear explanation as to why your absence should be excused:

(continue on the back of this page if you need more space to explain)

PRINT your name: _____

Provide your signature here: _____ Date: _____

Completing the request form does not guarantee approval. It is the exclusive right of the instructor to approve or deny the request.

Instructor Use Only:

Request has been: _____ APPROVED _____ DENIED

Instructor's Signature: _____ Date: _____