



STUDENT EXCUSED ABSENCE FORM

Note to student: Please complete this form to collect assignments in advance and for the instructor to be aware of the student's reason(s) for absence. Please be advised that your request for an excused absence should be submitted prior to the missed class along with attached documentation from the sponsor containing details about the function/reason for absence. In the case of illness and/or emergencies, please complete this form upon your return and attach evidence to support your absence(s).
(One form per class to be missed should be completed).

Name: _____ Date: _____

Semester: Fall Spring Year _____

Mailing Address: _____

Email address(s): _____

Home telephone: _____ Residence Hall: Yes No

Date(s) of Absence(s): _____

Function/Reason for Absence(s): _____

Course: _____ Meeting Day/Time: _____

Instructor: _____

Assignment: _____

Date Due: _____

Make-up Date for Quiz or Exam: (If applicable) _____

Sponsor Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Instructor(s) Signature: _____ Date: _____
Request approved by instructor: Yes No

Division Chair's Signature: _____ Date: _____

cc: Instructor
Student