

*College of Veterinary Medicine  
Student Absence Form*

Name \_\_\_\_\_ Class of \_\_\_\_\_ Date \_\_\_\_\_

Dates of Proposed Absence \_\_\_\_\_ to \_\_\_\_\_

Reason for Absence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where can you be reached during this absence? \_\_\_\_\_

\_\_\_\_\_

**Course Coordinators approval needed:**                      Yes                       No

Course	Instructor	Approved (yes / no)	Make-Up (required/arranged)
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*Excused* \_\_\_\_\_  
*Office of the Dean:*  
*Not Excused* \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_