



Student Excused Absence Form

This form must be turned in to the Dean's Office 4 weeks prior to absence

Student Information

Name:	Class of :
Phone Number:	
Today's Date:	Date(s)/Times of Proposed Absence:
Reason for Absence:	

Each student is allowed to attend 'continuing education' activities for a maximum of five class days per academic year.

Course Coordinator approval is needed for all absences other than doctor appointments, medical emergencies, funerals, or jury duty.

Course Name & #	Current Grade (%)	Course Coordinator Signature	Approved (Yes or No)	Date Signed	Make-up Requirements (Tests, Assignments)

I understand that my current academic performance will be reviewed prior to my absence and approval for this absence may be revoked by the Associate Dean for Academic Program & Student Affairs if my performance is not satisfactory.

Student Signature: _____

Date: _____

Dean's Office Signature: _____

Associate Dean for Academic Programs and Student Success

Date: _____

Excused / Not Excused

Dean's Office Use:	
<input type="checkbox"/> Added to Absence Calendar	<input type="checkbox"/> Saved to Student Folder
<input type="checkbox"/> Emailed Student	<input type="checkbox"/> Emailed Faculty