

Student Absence Form

This form must be turned in 4 weeks prior to absence

Student Information

Name:	Class:
Phone Number:	
Today's Date:	Date(s) 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 & #	Course Coordinator Signature	Approved (Yes or No)	Date Signed	Current Grade (%)

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

Excused: _____ **or** **Not Excused:** _____
Associate Dean for Academic Programs & Student Affairs Signature

Date: _____