

Excused Absence Form

Name: _____ Social Security Number: _____

Today's Date: _____ Date of Excused Absence: _____

Course: _____ Meeting Time: _____
(or 5-digit CRN)

Reason for Excused Absence: _____ Brief Explanation: _____

_____ University Approved Absence: _____

_____ Documented Illness: _____

_____ Family Emergency: _____

_____ Other: _____

Name of contact person for verification: _____ Phone: _____

Further explanation (if necessary):

Forms must be submitted within one calendar week of missed class.

Do not write below this line.

_____ Accepted _____ Not Accepted

_____ Absence removed