

Explanatory Statement for Student Absence from Class or Work

Students who have missed required term work because of incapacitating distress or illness must refer to the policies and procedures put in place by the instructor and/or the college. Students may be required to submit this form in addition to requirements outlined in the course syllabus.

1. Student No	ame				
2. Departmer	nt, course and section	1			
3. Date(s) of	absence				
4. Reason for	absence				
5. In case of a	absence due to illness	s, please answe	er the follo	owing:	
(a) Did you vi No	sit a medical facility l	oecause of this	illness?		
Yes	Name of facility				
	Date(s) seen				
(b) Did you re No	eceive professional m	edical advice b	y phone,	text or email?	
Yes	From whom?				
	Date(s)				
(d) If your ans		·		a prescription; rest; dietary advic	
were ill? No					
Yes	Name of person _				
	Telephone number				
	Relationship RA	A Faculty	Family	Friend	
	Other (specify)				
ademic work or delay time	that under section (4 by fabricating an oth ly submission of acad	erwise justifial Iemic work or t	ole excuse o avoid o	ent code of conduct that misrepress such as illness, injury, accident, e r delay the taking of a test or exan which may include a failing grad	tc., in order to avoid nination is academic
Student Signature		Date		Signature of Person verifying	illness (5d)