



EXCUSED ABSENCE FORM

Student Name: _____

Student Email Address: _____

Program: _____ Cohort: _____ Date: _____

Please list the dates you were absent: (Clinic ONLY)

Please state in detail the reason for your absence(s): _____

As per the institutional Catalog, an excused absence form must be submitted **within two weeks from when the absence occurred**. After two weeks, the absence will be recorded as an unexcused absence.

I have attached supporting documentation (if applicable) and certify that the above information is true and correct.

Student's Signature: _____

Office Use Only

Student Excused? Yes No Some Days If some, which days? _____

Notifications:

Registrar

Academic Admin
Manager

Compliance

Program Director
