



**APPROVED 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 approved absence form must be submitted **within two weeks from when the absence occurred**. After two weeks, the absence will be recorded as an unapproved absence.

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

Student's Signature: \_\_\_\_\_

<b>Office Use Only</b>		
Student absent Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some Days If some, which days? _____		
<b>Notifications:</b>		
Academic Admin Manager	School Director	Program Director
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>