
Student Authorized Absence Form

Revised November 1, 2018

Student Name: _____

Activity: _____

Date/Time: From: _____ To: _____

Sponsoring Instructor: _____

Sponsoring Instructor Campus Phone: _____ **Email:** _____

The student understands that he/she is responsible for, and not excused from, any and all work due or assigned within the timeframe of the absence(s). This student is required to contact affected faculty members **in advance of the absence(s)** to inform them of the required absence conflict and arrange how/when work is to be made up or turned in.

By signing and obtaining the faculty signatures below, the student participant signifies that they understand the terms and conditions of meeting classroom requirements during the absence(s) and that they have made the affected instructors aware of those absences. The student will be held accountable to those terms and he/she understands the ramifications of their absence(s).

Affected courses and instructors:

Course: _____	Instructor: _____	Signature: _____
Course: _____	Instructor: _____	Signature: _____
Course: _____	Instructor: _____	Signature: _____
Course: _____	Instructor: _____	Signature: _____
Course: _____	Instructor: _____	Signature: _____
Course: _____	Instructor: _____	Signature: _____

Student Printed Name: _____ **Course:** _____

Date: _____

Student Signature : _____

The signed form must be turned into the sponsoring faculty.