Student Authorized Absence Form

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.