

Request for Class Absence

COURSE: _____

Name of student making request: _____

Date of request: _____

I am requesting to be absent from Class from _____ to _____
Month/Day/Year Month/Day/Year

My reason for making this request is:

I understand that faculty will review my request for an absence and that I am responsible for reviewing any lecture or reading material missed while I am away from class. The Associate Dean/Dean of Graduate Studies will determine whether the reason for my absence is justifiable (excused). I also understand that continuous or excessive unexcused absences may result in up to a 10% reduction in my overall course grade.

Student Signature

Date

Associate Dean/Dean of Graduate Studies

Date

Associate Dean/Dean Decision: Excused Absence

Unexcused Absence

Course Director Signature

Date