

EXCUSED ABSENCE REQUEST FORM

- Complete the request form and submit it to the Office of Registrar a minimum of 24 hours prior to the first absence date
- The form must be signed by the course instructors before the submission
- Supporting documents

I. STU	IDENT	INFOR	RMAT	TON
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FIRST		MIDDLE	LAST	
				AHANAIM.COM
STUDENT ID #		EMAIL		
PHONE				
GRADE LEVE	L:			
TERM:				
PROGRAM:				
			TING EXCUSED ABSENC	
Course #	Course Title	Meeting Day and Time	Instructor Signature and Printed Name	Date
REASON FO	R ABSENCE:			
DATE OF TH	IE ABSENCE: From:		<u>/DD/YYYY)</u> T o:	(MM/DD/YYYY)
ASSOCIATE V	P of ACADEMIC AFFAIRS	S SIGNATURE	DATE	
CONFIRMATI	ON of the OFFICE of the R	FCISTRAR	DATE RECEIVED and PR	OCESSED