Absence Memo Request Form

Please Print Clearly

SID Number: ___________________________ Absence Notice may NOT be sent if SID is incorrect or left blank. My Charleston can help.

Name: __________________________________ Phone Number: ________________ E-mail: ____________________@g.cofc.edu

Please initial 1 – 4 below, after reading each statement.

1.______ Students are expected to attend all classes. Non-urgent/non-emergent situations (i.e. wedding, medical and/or counseling appointments, etc.) should be addressed by the student during times that do not interfere with the student’s course schedule, just as one would if s/he was seeking time off from an employer.

2.______ Although the Absence Memo Office notifies professors of student absences, this notification is NOT an excused absence. The Professor of each respective course is the only one who can approve/excuse your absence from his/her class.

3.______ Absence notification is sent by e-mail to professors of ALL of your enrolled courses; and is sent as soon as reasonably possible (one to three business days unless precluded by unusual circumstances).

4.______ Absence memo notification does not serve as a replacement for student’s direct communication with faculty regarding the absence. Students are expected to contact their professor(s) immediately upon learning they will/intend to be absent from class to discuss the professor’s consideration regarding authorizing the absence, assigned work for scheduled class and/or the make-up work assigned for missed class.

Date(s) of Absence: ____________________________________________________________

The class missed is (Circle):  N/A Online Express I Express II Maymester

May Evening Summer Evening Summer Day I Summer Day II

Missed Class(es): ___________________________________________________________

Reason for Absence (the information/documentation you provide may be shared with your faculty):

_____Victimization (includes witness/victim’s friend/assisted victim/etc.) Do NOT provide any of the following: incident type, details, police report, documentation, etc. (Victim Services will contact you at the contact information you provided at top of this form)

_____College Sponsored Activity: CofC Athletics (Game) Club/Organization Class/Course Event Other

Describe: _______________________________________________________________________

Advisor’s/Professor’s Name: _________________________________________________ AND Phone number/email address: __________________________

Please ask advisor/professor to contact this office at to verify this is a college sponsored event: AbsenceMemo@cofc.edu

_____Illness/Injury Describe: __________________________________________________________________________

_____Death Date of Death: __________________________ Decedent’s Name: __________________________

Date of Funeral: __________________________ Relationship to Decedent: __________________________

_____Other Describe: ___________________________________________________________________________

Attach Appropriate Documentation (medical note, military verification, obituary, etc.); victimization category is excluded.

By signing this document, I am authorizing the Absence Memo Office (AMO) to send absence notice to my professors. The information I have given above is true. I understand that intentionally misrepresenting my absence and/or falsifying support documentation is a violation of the Honor Code and may result in 1.) notice to my faculty and/or campus student conduct office of suspected intentional misrepresentation and/or 2.) disciplinary action.

Please know that the AMO is one instrument of many in support of students successfully reaching academic achievement; thus, in some instances it may be necessary for the AMO to notify and/or involve other departments as a proactive intervention tool to assist students who are experiencing academic disruption. These departments may include, but are not limited to, the Office of the Dean of Students, Undergraduate Academic Services, Human Relations and Minority Affairs, Title IX Coordinator, etc. Please be aware that all matters discussed and any information collected are kept confidential to the extent reasonably possible and permitted by law.

Signature of Student: _______________________________________________ Date: __________________________