ABSENCE MEMO REQUEST

(PLEASE PRINT CLEARLY)

(Notication is sent by e-mail to professors of All enrolled courses)

Student’s Name: ____________________________  Student ID: ____________________________

Last    First    Middle

Today’s Date: ____________________________  Telephone #: ____________________________

E-Mail Address: ______________________ @g.cofc.edu  Dates Missed: __________________________

YOU MUST HAVE PROPER DOCUMENTATION!

(Examples of Documentation: Verification from court or military; dated repair receipts; medical notes, etc)

______ Flu-Like Symptoms      ______ Family Emergency      ______ Personal Emergency

______ Illness      ______ Military Duty      ______ Death

Please complete if absence is related to a death of a family member or close friend.

Name of deceased: ____________________________

Relationship to student: ____________________________

Date of death: ____________________________

STUDENT SIGNATURE __________________________________________________________________________

The information I have given above is complete and true. I understand that misrepresenting the reason for my absence is a violation of the Honor Code.

ABSENCE MEMO OFFICE APPROVAL____________________________________________DATE____________

Please Note that all Absence Memos and Notes are pending approval of the Absence Memo Office.

Form updated 3-27-12