

Absence Memo Office
(843) 953-3390
FAX (843) 953-2290
E-Mail: AbsenceMemo@CofC.edu

Note: This does NOT authorize an excused absence. Only your professor can excuse you from class.

ABSENCE MEMORANDUM REQUEST

(PLEASE PRINT CLEARLY)

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

TERM: _____

Student's Name: _____
 Last First Middle

Student ID: _____

Today's Date: _____

Telephone #: _____

E-Mail Address: _____@Edisto.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**.

ASSOCIATE DEAN APPROVAL _____ **DATE** _____

Please Note that all Absence Notes are pending approval of the Associate Dean.