

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

COLLEGE of
CHARLESTON
66 George Street
Charleston, SC 29424-0001

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

**Absence Memo Request
No Documentation Provided**

(PLEASE PRINT CLEARLY)

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

TERM: _____

Student's Name _____ **Today's Date** _____

Student ID# _____ **Email** _____ **@Edisto.cofc.edu**

Telephone# _____ **Date(s) Missed** _____

_____ **Flu-Like Symptoms** _____ **Illness** _____ **Family Emergency**
_____ **Personal Emergency** _____ **Death** _____ **Military Duty**

Description of situation that caused absence: _____

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

form revised 8-25-09