



Request for Approved Absence

Student Name: _____

Student ID: _____

Today's Date: _____

Date(s) of Absence: _____

Reason for Request:

NOTE: Documentation confirming reason must be attached (e.g. doctor's note, conference invitation, etc.)

Educational Component(s) Missed:

NOTE: Student is responsible for all material and missed assignments as determined by the Block Coordinator.

____ Approved ____ Approved with condition ____ Not approved

Condition: _____

Block Coordinator: _____

____ Approved ____ Approved with condition ____ Not approved

Condition: _____

Dean of Student Affairs: _____

NOTE: Request MUST be approved by both the Block Coordinator and the Dean of Student Affairs PRIOR to the absence date.