Official Absence Verification Form

Activity Information

Event/Activity: ___________________________  Event/Activity Date: ___________________

Purpose: ________________________________________________________________

Student Information

Name of Student: ___________________________  I.D.# _____________________________

Class Information (to be completed by instructor)

Class: ___________________________  Instructor: ___________________________

Number of Absences to Date: ___________________________

Do you feel that the student is passing the class:  ( ) Yes  ( ) No

Can the student make up work and/or complete assignments before permission is granted to attend the above activity?  ( ) Yes  ( ) No

Explain: ___________________________________________________________________

__________________________________________________________________________

Comments:

__________________________________________________________________________

__________________________________________________________________________

Faculty Signature: ___________________________  Date: ___________________________

Phone# ___________________________

EMCC/Student Organization Information

Organization/Class Name: _____________________________________________________

Club Advisor/Faculty Signature: ___________________________  Date: ___________________________

Academic Affairs Office Use Only

Date Received: ___________________________  ( ) Approved  ( ) Denied

Reason for Denial: ___________________________________________________________________

Dean of Instruction: ___________________________

Dean of Students: ___________________________  Date: ___________________________