



**ESTRELLA MOUNTAIN
COMMUNITY COLLEGE**

A MARICOPA COMMUNITY COLLEGE

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: _____