

## **Explanatory Statement for Student Absence from Class or Work**

Students who have missed required term work because of incapacitating distress or illness must refer to the policies and procedures put in place by the instructor and/or the college. Students may be required to submit this form in addition to requirements outlined in the course syllabus.

1. Student No	ame				
2. Departmer	nt, course and section	1			
3. Date(s) of	absence				
4. Reason for	absence				
5. In case of a	absence due to illness	s, please answe	er the follo	owing:	
(a) Did you vi No	sit a medical facility l	oecause of this	illness?		
Yes	Name of facility				
	Date(s) seen				
(b) Did you re No	eceive professional m	edical advice b	y phone,	text or email?	
Yes	From whom?				
	Date(s)				
(d) If your ans		·		a prescription; rest; dietary adv	
were ill? No					
Yes	Name of person _				
	Telephone number				
	Relationship RA	A Faculty	Family	Friend	
	Other (specify)				
ademic work or delay time	that under section (4 by fabricating an oth ly submission of acad	erwise justifial Iemic work or t	ole excuse o avoid o	ent code of conduct that misrepr such as illness, injury, accident, r delay the taking of a test or ex which may include a failing gro	etc., in order to avoid amination is academic
Student Signature		Date		Signature of Person verifyin	g illness (5d)