NORFOLK STATE UNIVERSITY

Dean of Students Office

Absence Request

Absence Information

Student Name: _____

Spartan ID Number: _____

NSU E-mail Address _____

Three Missed Dates: _____

Phone Number: _____

Type of Absence Requested: Documentation must correspond with the three missed dates.

- ☐ Student Illness (Medical Documentation)
- ☐ University Business or Events (Off-Campus)
- ☐ Bereavement (Obituary)
- ☐ Medical (Surgery/Injury)
- ☐ Child(ren) Illness (Medical Documentation)
- ☐ Military Affairs (Documentation)
- ☐ Judicial Affairs (Documentation)
- ☐ Other (Case by Case review)

Professors Names (First/Last): Faculty acceptance is discretionary.

_____

Student Signature *Date*

Office Only

- ☐ Approved
- ☐ Denied

Comments:

_____

Dean of Students Staff *Date*