



Dean of Students Office

Absence Request

Absence Information

Student Name: _____

Spartan ID Number: _____

E-mail Address _____

Missed Class Dates: _____

Phone Number: _____

Type of Absence Requested:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Sick | <input type="checkbox"/> University Outing | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Military Orders |
| <input type="checkbox"/> Child(ren) Sick | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Maternity/Paternity | <input type="checkbox"/> Other |

Professors Names (First/Last):

Student Signature

Date

Office Only

- Approved
- Rejected
- Logged

Comments:

Dean of Students Staff

Date