

REQUEST FOR AN AUTHORIZED ABSENCE

(to be completed and signed by student)

Students must supply all required information before their request will be considered. Please print.

NAME: _____

STUDENT NO.: _____ PROGRAM NO.: _____

EMAIL: _____ TEL. NO.: _____

Authorized absence requested for the following courses:

Semester: Fall _____ Winter _____ Summer _____

<u>Course & Section No.</u>	<u>Course Name</u>	<u>Course & Section No.</u>	<u>Course Name</u>
<i>Ex. 603-102-MQ-03</i>	<i>English</i>	<i>Ex. 603-102-MQ-03</i>	<i>English</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date illness/incapacity began _____ Length of illness/incapacity _____

Reason for request for authorized absence:

The deadline for this request is the grade deadline for the semester in question. If request is being made **after this deadline** please explain the reason:

I swear that all the information provided is true and accurate. I authorize the Registrar's Office, if necessary, to contact the healthcare provider for purposes of confirming and/or clarifying the authenticity and content of the information provided for this request.

Student's Signature: _____ Date: _____

IF A PERMANENT INCOMPLETE IS GRANTED, THE NOTATION "IN" WILL APPEAR ON YOUR TRANSCRIPT FOR ALL THE APPROVED COURSES.

FOR OFFICE USE ONLY

Decision:

- Permanent Incomplete for all the above courses
- Permanent Incomplete granted for courses marked above with Registrar's initials
- Permanent Incomplete denied, reason _____

Additional requirements:

- Dr's note req'd to return
- 2nd Request
- Refer to Academic Advising
- Refer to AccessAbility

Registrar's Signature: _____ Date: _____

