

Student Name:

## **Excused Absence Request Form**

## College of Health Sciences

- Refer to CHS 3705 Excused Absence Policy for detailed explanations of valid reasons for students to apply for excused absences.
- Submit your completed form plus supporting documents to the Office of Academic and Student Affairs by email to chs.studentaffairs@cnsu.edu.
- The form must be submitted within 3 business days of returning to campus after the absence.
- The Office will email notice of approval/denial to the student within three business days of receiving the request and will notify faculty.
- Official documentation may be required to support requests in accordance with policy CHS 3705.

Student ID#:	Date(s) t	Date(s) to be excused from class: From:		to:
Nature of Absence	e (check all that apply and atta	ch supporting docum	nents):	
☐ Illness or Hospitalization	☐ Military Duty	□ Im	migration & Na	turalization
☐ Emergency Le	eave 🔲 Jury Duty or Court Sub	opoena 🗆 Le	☐ Legal	
☐ Death of an Immediate Fam Member	☐ Professional ily Meeting/Conference	□ Ot	□ Other:	
Briefly explain requ (e.g. illness, deat	uest for excused absence: h in immediate family, presentation	n at a conference- title	and conference	)
	Course	Sessions Missed		
Course #	Course Name	Dates Missed	Fac	culty Name
Student Signature:			Date:	
Date Received:				
Excused Absence I	Dogwoot is:	□ Daniad		
	Request is:   Approved	☐ Denied		