



JACKSON, MISSISSIPPI 39217-0690

DATE _____

REQUEST FOR AN EXCUSED ABSENCE

STUDENT'S NAME _____ "J" NO. _____

I am requesting an excused absence for _____ day(s) from the following class (es):

CLASS (ES)	SIGNATURE OF INSTRUCTOR (ONLY)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I was absent from ____ / ____ / ____ through ____ / ____ / ____

Additional dates absent _____

(Documentation is required for each absence)

REASON(S) _____

PLEASE READ CAREFULLY

All excuse forms must be signed by the instructor and returned to the Vice President for Student Affairs no later than one week after issuance. The Vice President for Student Affairs is located in the Student Center, Room 3222. An excuse should be obtained and processed no later than five (5) class days after the date of the absence from class (es).

APPROVED: _____
VICE PRESIDENT/OFFICE PERSONNEL