

Please complete this form and return to the One Stop Center, located in room 131 of Kean Hall.

Excused Absence Request

(Please Print)

T Number _____ Date _____

Last Name _____ First Name _____

Email _____
WE WILL COMMUNICATE WITH YOU VIA YOUR TSU EMAIL ADDRESS

Cell Phone _____ Home Phone _____

Start Date _____ Ending Date _____

Name of courses you are requesting an excused absence	Name of Instructor teaching course	Initials
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for request (check one)

- Personal Illness Military Orders Wedding University Sponsored Activity
 Accident Jury Duty Incarceration Maternity/Paternity
 Religious observation Family Illness Death Other (explain)

Please provide an original copy of documentation (medical, military, obituary, etc.) with this form.

Please provide a brief explanation for your request

Student Signature _____ Date _____

For Official Use Only (Do not write in the table below)

Approved	_____	Date _____
Denied	_____	Date _____
Comment	_____	