



ASBURY UNIVERSITY

OFFICE OF THE REGISTRAR

registrar@asbury.edu

EXCUSED ABSENCE REQUEST

UNDERGRADUATE (Includes Chapel)

Class excuses are granted for hospitalization, serious illness (as determined by a physician), Asbury University approved group event or travel, death or serious illness of family member, or other unusual circumstance.

Please reference Asbury University's excused absence policy in the Bulletin for more information.

Full Name [print]: _____

Student ID: _____ **Phone #:** _____

Date(s) Requested: _____

Time(s) Absent: _____

A student may request an excused absence within 3 weeks of the absence and prior to the last class. Documentation may be required.

Reason for Absence:

***Additional supporting documentation such as a physician's letter may be requested**

You will be notified by email through Reach 360 of the decision accessible through your portal. If approved, you will receive an email with a link called **Contact**. Click on **Contact**, this will direct you to your online excuse. Your professors will receive notification of approved excuse. It is the responsibility of the student to arrange make-up work, submit missed assignments, and/or exams. The Chapel Office will be notified if needed.

Student Signature: _____ **Date:** _____

I have read and understand the excused absence policy noted on this form.

OFFICE USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> Hospitalization or surgery (documentation) | <input type="checkbox"/> Serious illness |
| <input type="checkbox"/> Serious illness of family member | <input type="checkbox"/> Death of family member |
| <input type="checkbox"/> Other or unusual circumstance | |

Action Taken:

- Approved
- Not approved
- Referred to instructor
- Documentation needed
- More details needed
- Returned to Student

Comments:

Received

Completed by: _____

Date: _____