



# ASBURY UNIVERSITY

OFFICE OF THE REGISTRAR

registrar@asbury.edu

## EXCUSED ABSENCE REQUEST

UNDERGRADUATE RESIDENTIAL COURSES ONLY

The Registrar's Office reviews class excuse requests related to 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. Each instructor reviews class excuse requests for circumstances other than the above, and makes decisions in alignment with the class syllabus standards. Please reference Asbury University's excused absence Catalog policy for more information @ <https://catalog.asbury.edu>

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 is typically required before review and should be submitted with this form.\*

### Reason for Absence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Supporting documentation, such as a physician's letter that includes dates, should be submitted with this form.

If approved, you and your professors will be notified by email when the decision is posted to REACH360 (Portal). **It is the responsibility of the student to arrange make-up work, and to submit missed assignments and/or exams.** The Chapel Office manages chapel absences independently. Please contact ChapelAttendance@asbury.edu.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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: \_\_\_\_\_