To: Instructors
From: Janna P. Vice, Provost
Academic and Faculty Affairs
Subject: Student Absence for University Activity

The students named below were absent from classes on ___________________________
Day(s) of the week
__________________________ from ____________________________ to ____________________________
Date(s) start time end time

for participation in the following activity recognized by the University: ____________________________
These absences should be dealt with according to the departmental policy for your course. If feasible, the students should be given the opportunity to make up the work missed.

Student names:

__________________________________________________________________________
Class Instructor’s Name (Please PRINT LEGIBLY)

__________________________________________________________________________
Class Instructor Date

__________________________________________________________________________
Department Chair Date