



EASTERN KENTUCKY UNIVERSITY

Richmond, Kentucky

Office of Associate Provost for Academic and Faculty Affairs

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