

Absence Form

Virginia Commonwealth University Orchestral Studies Area

Explanatory Statement for Absence from Class

1. Student name and student number _____

2. Department, course and section _____ Date of Absence _____

3. Name of Instructor _____

4. Reason for absence _____

5. In case of absence due to illness, answer the following:

(a) Did you visit the Health Service? _____ When? _____

(b) Did you see another doctor? _____

Doctor's name _____

(c) If your answers to (a) or (b) are "NO", can you give the name of someone who can vouch for the fact that you were ill?

Name of person _____

Address _____

Telephone number _____

I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event the above facts are found to be falsified.

SIGNATURE

DATE