

Explanatory Statement of Absence

1. Student name: _____ Student number: _____
2. Course/Activity: _____
3. Date of Absence: _____
4. Professor/Supervisor/Coach: _____
5. Reason for absence: _____
6. In case of absence due to illness, answer the following:
 - a. Did you visit Health Service? _____ When? _____
 - b. Did you see another provider? _____
Provider's name: _____
 - c. If your answers to (a) or (b) are "NO", please give the name of someone who can vouch for the fact that you were ill:
Name of person: _____
Telephone number: _____

*I certify that the above facts are true to the best of my knowledge and belief. **I give permission for my professor/supervisor/coach to verify that the above information is true.** Finally, I understand that I subject myself to disciplinary action in the event the above facts are found to be falsified.*

Signature

Date