

**Explanatory Statement of Absence from Class**

1. Student name: \_\_\_\_\_ Student number: \_\_\_\_\_
2. Department, course and section: \_\_\_\_\_
3. Date of Absence: \_\_\_\_\_
4. Instructor: \_\_\_\_\_
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 doctor? \_\_\_\_\_  
Doctor'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 to verify that the above information is true.** Finally, I understand that I subject myself to the disciplinary action in the event the above facts are found to be falsified.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**MAKE YOUR LIFE COUNT**