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