

## **Absence Notification Request Form**

**NOTE:** Class absences can ONLY be approved by your faculty. Notification of absences by the Office of the Dean of Students is intended to provide students a method of relaying documented information to their respective faculty. All information is subject to an independent review and confirmation process by the Dean of Students.

## Submit form and any supporting information (in one packet) to: Suite 213, Smith-Brown Memorial Student Union or via fax (225) 771 – 2202

Have you notified your faculty of your absence(s)?			
If not, please contact your faculty as soon as possible to request arrangements for covering materials you m	issed		
due to your absence(s).			
STUDENT INFORMATION			

Name:		Date:
S- Number:		Phone Number:
SUBR Email Addres	S:	
Contact Information	during Absence:	
Reason for request of	of absence notification (please inclue	de description, relevant excuses, and specific dates absen
	CLASS	SCHEDULE
Course #	Course Title	Professor
		rroborating this request. If none are provided, you may be aske bsence information being forwarded to faculty.
	For Dean of Stud	ents Office Use Only
Date Received:	Received By:	Date Processed:

Comments: \_\_\_