**STUDENT ABSENCE FORM**

Students: Please fill out the form and meet with your instructor.

**This form must be accompanied by a letter from the UNL faculty or staff member requiring the absence, documenting the reasons for the missed classes.**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Course:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of instructor/staff member requiring absence(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Because I have an obligation to participate in/attend the following required activities, I would like permission to miss the following classes:

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| --- | --- | --- | --- |
|  Date |  Activity |  Coursework |  Initials |
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2. I may be required to participate in the activities listed below. As soon as I am aware that my participation is required I will notify the instructor, otherwise I will attend class.

|  |  |  |  |
| --- | --- | --- | --- |
|  Date |  Activity |  Coursework |  Initials |
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I (do/do not) grant permission for the student named above to miss the classes indicated above. Special accommodations, if necessary, and/or consequences are specified below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Instructor Signature)

I understand these conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Student Signature)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_