

APPLICATION FOR EXCUSED ABSENCE¹

Date: _____ Student Name: _____ ID: _____

Student Signature: _____

LIST THE DATES YOU ARE APPLYING FOR THE EXCUSED ABSENCE:

First day of absence _____ Last Day of absence _____

Reasons for absence (Please attach supporting documents)

- Illness - Medical Certificate required
- Bereavement - Evidence required
- Representing a country - Evidence required
- Other: (Briefly describe the circumstances and supply supporting evidence)

Will you be missing an assessment? YES
NO

If yes, you must complete a Missed Assessment Form and include with this application. Fees Apply.

Will you be missing shifts in the Chiropractic Centre? YES
NO

If yes, you must complete a Chiropractic Centre Leave Form and hand this to the Chiropractic Centre Office Manager.

Instructions:

- Complete the necessary forms.
- Attach evidence for the application (e.g. medical certificate)
- The Academic Assistant will process your request and advise you of the outcome.

FOR OFFICE USE ONLY:

Academic Board Decision

- Your application has been Approved
- Your application has been Declined

Signature:

Date:

Dean on behalf of Academic Board

¹See Student Handbook for policy