

ACADEMIC ABSENCE REQUEST FORM – UNCSA High School

Student Name: _____ Date(s) of Absence: _____

Reason for Absence: _____

Classes Missed:

1 _____ Time: _____
Class name

Teacher signature

Comments:

2 _____ Time: _____
Class name

Teacher signature

Comments:

3 _____ Time: _____
Class name

Teacher signature

Comments:

4 _____ Time: _____
Class name

Teacher signature

Comments:

5 _____ Time: _____
Class name

Teacher signature

Comments:

Student signature

Date

Associate Dean, HS Academics

Date

Parent email sent to stillerk@uncsa.edu to confirm absence.

Submission of a planned absence sheet does not guarantee that an absence will be excused.

THIS FORM MUST BE COMPLETED AND TURNED INTO THE HIGH SCHOOL ACADEMIC PROGRAM OFFICE (GRAY 304) BY 12:00 NOON ON THE SCHOOL DAY PRIOR TO THE FIRST DAY OF ABSENCE.