

## **REQUEST FOR AN AUTHORIZED ABSENCE**

(to be completed and signed by student)

NAME:	·	lease print.
STUDENT NO.:	PROGRAM NO.:	
EMAIL:	TEL. NO.:	
Authorized absence requested for the following courses	:	
Semester:   Fall   Winter	_ Summer	
Course & Section No.  Ex. 603-102-MQ-03  Tenglish	Course & Section No Ex. 603-102-MQ-03	Course Name English
Date illness/incapacity began	_Length of illness/incapacity _	
Reason for request for authorized absence:		
The deadline for this request is the grade deadline for the please explain the reason:	semester in question. If reque	est is being made <u>after this deadline</u>
I swear that all the information provided is true and ac necessary, to contact the healthcare provider for purp and content of the information provided for this reque	ooses of confirming and/or o	
Student's Signature:	Date:	
IF A PERMANENT INCOMPLETE IS GRANTED, THE NOTHE APPROVED COURSES.	OTATION " <b>IN</b> " WILL APPEAR	ON YOUR TRANSCRIPT FOR ALL
FOR OFF Decision:  Permanent Incomplete for all the above courses Permanent Incomplete granted for courses marke Permanent Incomplete denied, reason		
Additional requirements:  Dr's note req'd to return  2 <sup>nd</sup> Request	Refer to Academic Advisin	g 🔲 Refer to AccessAbility
Registrar's Signature:	Date:	

MEDICAL REPORT (to be completed and signed ONLY by healthcare provider)

Patient's Name:	
This is to certify that the above-named patie	ent was seen on the following date(s):
The patient was/is unable to attend/participa	ate in classes
from DD/MM/YY	to
	☐ Please check if end date is unknown but incapacity is for a period of at least 3 consecutive weeks.
as a result of the following diagnosis:	
Degree of inability to attend/participate in cla	asses:   all courses
	☐ partial, specify which course(s):
Student may resume regular studies as of:  Notes: (you may use this space to provide any other per	DD/MM/YY
Name (please print):	
License number:	
Street address:	
City	Postal code:
Telephone Number:	Fax Number:
Signature:	
Date:	