**PRE-ARRANGED ABSENCE FORM**

**The student named below has requested permission to be absent on the date(s) listed below and will miss your class. The instructor(s) and the Attendance Office must approve a pre-arranged absence form five (5) days prior to student absence. If the absence is more than three consecutive days the form MUST be signed by Dr. Joel Olufowote, Attendance Officer. Please sign if you approve of this absence. If permission is NOT approved you will need to discuss this absence with the Attendance Office.**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Absence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Leave Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leave Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Absence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Class** **Time** | **Course** | **Instructor****Signature** | **Approve** | **Disapprove** | **Instructor Comments** |
| **8:00 -****8:50** |  |  |  |  |  |
| **9:00 -****9:50** |  |  |  |  |  |
| **10:00 -****10:50** |  |  |  |  |  |
| **11:00 -** **11:50** |  |  |  |  |  |
| **12:00 -** **12:50** |  |  |  |  |  |
| **1:00 –** **1:50** |  |  |  |  |  |
| **2:00 –** **2:50** |  |  |  |  |  |
| **3:00 –** **3:50** |  |  |  |  |  |
| **4:00 –** **4:50** |  |  |  |  |  |

**TO THE STUDENT:**

**If pre-approved absence form is NOT turned in five (5) days prior to leaving then your absence may be marked as unexcused.**