



EASTERN MICHIGAN UNIVERSITY

Student Absence Notification Form

Official documentation required with form

Name(print): _____

EID#: _____

Local Address: _____

Phone#: _____

Email: _____

On-campus employment location and contact:

Course Name (e.g. MAT 110)

Faculty Name (first and last name)

First Date of Absence _____ Anticipated Return Date _____

Reason for Absence:

- Medical Issue/Emergency
- Death in Family(indicate relationship) _____
- Personal Emergency

Explain:

I understand that this absence notification does not automatically excuse my absence. It is my responsibility to contact each professor to ask what, if any, accommodations can be provided for the course time missed.

Student Signature : _____ Date : _____

*Return this form, the confidentiality waiver, and documentation to the
Dean of Students Office: EMU main campus, Snow Health Center
Office 315
Telephone (734)-487-1107
Fax (734) 481-0050 or emu_deanofstudents@emich.edu*