

*College of Veterinary Medicine
Student Absence Form*

Name _____ Class of _____ Date _____

Dates of Proposed Absence _____ to _____

Reason for Absence _____

Where can you be reached during this absence? _____

Office of the Dean:

Approved _____

By _____

Disapproved _____

Comment: _____

Course	Instructor	Approved (yes / no)	Make-Up (required/arranged)
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