

Eastern Michigan University

Student Absence Notification Form

Name (print) _____ EID# _____

Local address _____ Phone # _____

Email _____

On-campus employment location and contact _____

Course Name (e.g. MATH110) _____ Professor Name _____

First Date of Absence _____ Anticipated Return Date _____

Reason for Absence:

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

****Official documentation required with form - (examples-note from medical provider, positive COVID-19 test results, obituary or documentation from funeral home)****

Explain:

I understand that this absence notification verifies the absences only, and 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 Waiver of Confidentiality, and appropriate documentation to:

emu_deanofstudents@emich.edu

Fax: 734.487.8932

Dean of Students Office

246B Student Center

734.487.1107