

## **OFFICIAL SJGC STUDENT EXCUSE**

PLEASE EXCUSE THE ABSENCE(S) INCURRED BY (STUDENT NAME):

## **OFFICE OF THE DEAN**

510 Orr Drive, Suite 4003 Tallahassee, FL 32307

Office: (850) 599-3379	STUDENT ID#		MAJOR		
Fax: (850) 561-2399					
MUST BE PROCESSED WITHIN	TELEPHONE	#	DAT	TE(S) ABSENT	
TWO WEEKS OF ABSENCE					
REASON FOR ABSENCE					
STATED BELOW (Please attach supporting	EXCUSED MISSED CLASS(ES)				
documentation):	CLASS PREFIX	CLASS N	UMBER	LAST DATE OF ATTENDANCE	
PERSONALILLNESS					
FAMILY SICKNESS					
PERSONALINJURY					
OFFICIAL UNIVERSITY TRAVEL					
FAMILY DEATH					
OTHER:					
verify that the absence(s) represented are true and					
Falsification of data is a violation of the university's honor code.					
STUDENT SIGNATURE					
tests or other we	student to make up ar ork during this time po			5.	
SJGC DEAN'S OR SJGC ASSOC	IATE DEAN'S SIGNATURE			DATE APPROVED	

**TODAY'S DATE:**