

# OFFICIAL SJGC STUDENT EXCUSE

**OFFICE OF THE DEAN**  
 510 Orr Drive, Suite 4003  
 Tallahassee, FL 32307  
 Office: (850) 599-3379  
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**MUST BE PROCESSED WITHIN TWO WEEKS OF ABSENCE**

| REASON FOR ABSENCE STATED BELOW<br>(Please attach supporting documentation): |                          |
|--|--------------------------|
| PERSONAL ILLNESS   | <input type="checkbox"/> |
| FAMILY SICKNESS  | <input type="checkbox"/> |
| PERSONAL INJURY  | <input type="checkbox"/> |
| OFFICIAL UNIVERSITY TRAVEL   | <input type="checkbox"/> |
| FAMILY DEATH   | <input type="checkbox"/> |
| OTHER: _____   | <input type="checkbox"/> |

**I verify that the absence(s) represented are true and accurate.**

**Falsification of data is a violation of the university's honor code.**

\_\_\_\_\_  
**STUDENT SIGNATURE**

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

\_\_\_\_\_  
**TODAY'S DATE:** \_\_\_\_\_

| STUDENT ID# | MAJOR          |
|-------------|----------------|
|             |                |
| TELEPHONE # | DATE(S) ABSENT |
|             |                |

| EXCUSED MISSED CLASS(ES) |              |                         |
|--------------------------|--------------|-------------------------|
| CLASS PREFIX             | CLASS NUMBER | LAST DATE OF ATTENDANCE |
|                          |              |                         |
|                          |              |                         |
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|                          |              |                         |
|                          |              |                         |

**Please permit this student to make up any assignment(s), quizzes, tests or other work during this time period, per your syllabus.**

\_\_\_\_\_  
**SJGC DEAN'S OR SJGC ASSOCIATE DEAN'S SIGNATURE**

\_\_\_\_\_  
**DATE APPROVED**