

SCHOOL OF JOURNALISM & GRAPHIC COMMUNICATION

Florida Agricultural & Mechanical University
510 Orr Drive, Room 4003 • Tallahassee, Florida 32307-4100

OFFICIAL STUDENT EXCUSE

OFFICE OF THE DEAN

Today's Date _____

Please excuse the absence(s) incurred by _____
(Student's name)

Student ID #	Major
Phone number	Date(s) absent

REASON:

- PERSONAL ILLNESS FAMILY SICKNESS
 INJURY OFFICIAL UNIVERSITY TRAVEL
 DEATH IN THE FAMILY
 OTHER _____

(PLEASE SPECIFY)

Please attached documentation to the form.

CLASSES MISSED

SUBJECT PREFIX			CATALOG NUMBER				LAST DATE OF ATTENDANCE	
Ex.	G	R	A	1	4	3	3	01/01/0000

Please permit this student to make up any assignment(s), quiz, test or examination held during this time period, per your syllabus.

Dean/Associate Dean/Department Chair Signature

Date of Approval

NOT VALID WITH ERASURES OR WITHOUT THE DEAN'S SIGNATURE