

Request for Letter to Professors for Class Absence

Please clearly print the following information:

Name: _____ Date: _____

Student ID #: _____

Address: _____ City/State: _____ Zip: _____

Phone #: (____) - ____ - _____ Email: _____

Briefly state reason(s) for class absence:

Course #	Section	Professor's Name	Building	Office Room #

Date(s) of Absence: _____

Please be advised that you **must** contact your professors regarding your class absence. This process is not an excused absence. Resulting academic actions are at the discretion of the professor of record.

Documentation **must** accompany this form.

Office of the Dean of Students

Charger Union 223

Phone: (256) 824-6700

Fax: (256) 824-6829