

Statement of Absence from Class

1. Student Name: _____
2. Department & Course: _____
3. Date of Absence: _____
4. Instructor: _____
5. Reason for Absence: _____
6. In case of absence due to illness, answer the following:
 - Did you visit the Health Center? _____
 - Did you see another Doctor? _____
 - Doctor's name _____
 - If your answers to (a) or (b) are "NO" please give the name of someone who can vouch the fact that you were ill?
Name of person _____
Phone number _____

*I certify that the above facts true to the best of my knowledge and belief. **I give permission to my professor to verify that the above information is true.** I understand that falsifying absence from class is a violation of the Moravian University Academic Honesty Policy, which states in part that "students may not offer a falsified excuse for an absence from an examination, test, quiz, or other course requirement, directly or through another source." Finally, I understand that I subject myself to disciplinary action in the event the above facts are found to be false.*

Signature: _____
Date: _____