Absence Memo Request Form

Absence Memo Office

843.953.3390 (Office) 843.953.2290 (Fax)

Please Print Clearly

| SID Number: | | Absence Notic | Absence Notice may <u>NOT</u> be sent if SID is incorrect or left blank. My Charleston can help. | | | |
|--|--|--|--|---|---------------------|--|
| Name: | Phone Number: _ | | E-mail: | | @g.cofc.edu | |
| Please initial 1 – 4 belo | ow, after reading ea | ach statement. | | | | |
| appointments, e | | sed by the student d | uring times that do not ir | i.e. wedding, medical and/or sterfere with the student's co | | |
| | | | | otification is <i>NOT</i> an excus ur absence from his/her clas | | |
| | ation is sent by e-mail usiness days unless pre | | | ; and is sent as soon as reasc | nably possible | |
| absence. Stude to discuss the p | ents are expected to co | ntact their professo on regarding authori | r(s) immediately upon lea | t communication with facu arning they will/intend to be ed work for scheduled class a | absent from class | |
| Date(s) of Absence: | | | | | | |
| The class missed is (Circle) | le): N/A | Online | Express I | Express II | Maymester | |
| | May Evening | Summer Even | ing Summer Da | ay I Summer Day II | | |
| Missed Class (es): | | | | | | |
| Reason for Absence (t | he information/docu | ımentation you pr | ovide may be shared w | rith your faculty): | | |
| Victimization (incl | ludes witness/victim's | friend/assisted victir | police report, doc | any of the following: incidumentation, etc. (Victim Sel information you provided a | rvices will contact | |
| College Sponsored | d Activity: CofC At | hletics (Game) | Club/Organization | Class/Course Event | Other | |
| Describe: | | | | | | |
| | | | | /email address:sponsored event: Absence! | | |
| Illness/Injury Desc | ribe: | | | | | |
| Death Date | Date of Death: | | Decedent's Name: | | | |
| Dat | Date of Funeral: | | Relationship to Decedent: | | | |
| Other Desc | cribe: | | | | | |
| Attach Appropriate D | ocumentation (med | ical note, military ve | rification, obituary, etc.): | victimization category | is excluded. | |
| | • | | . ,. ,, | | | |

By signing this document, I am authorizing the Absence Memo Office (AMO) to send absence notice to my professors. The information I have given above is true. I understand that intentionally misrepresenting my absence and/or falsifying support documentation is a violation of the Honor Code and may result in 1.) notice to my faculty and/or campus student conduct office of suspected intentional misrepresentation and/or 2.) disciplinary action.

Please know that the AMO is one instrument of many in support of students successfully reaching academic achievement; thus, in some instances it may be necessary for the AMO to notify and/or involve other departments as a proactive intervention tool to assist students who are experiencing academic disruption. These departments may include, but are not limited to, the Office of the Dean of Students, Undergraduate Academic Services, Human Relations and Minority Affairs, Title IX Coordinator, etc. Please be aware that all matters discussed and any information collected are kept confidential to the extent reasonably possible and permitted by law.