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Student Last Name	Student First Name	Student ID
Program Plan ☐ Full-time ☐ Part-time	Phone	Email Address
 possible before the administra requested absence and provide documentation must include a If you were unexpectedly absesetting forth the extraordinary and (2) showing that the circum 	tion of the examination. Attach a e supporting documentation. If the letter from your attending physic ent from an examination, you must recircumstances (such as severe ar mstances arose unexpectedly, the	et submit this form with a statement (1) and sudden illness) that justify the absence ereby precluding you from requesting an
must be submitted as soon as scheduled examination.		orted by appropriate documentation and no event more than seven days after the
SSENCE APPROVAL FOR: COURSE: st your complete examination schedul		TIME:
Course and Section	Date	Time
ASSOCIATE DEAN Approved: Denied: Comments:		
Signature:		