



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

**OFFICE OF STUDENT AFFAIRS
OFFICIAL STUDENT EXCUSED ABSENCE FORM**

****PLEASE ATTACH YOUR DOCUMENTATION****

NOTE: SOAHS will only consider approval with the appropriate documentation. Please request an official excuse **NO MORE THAN 5 business days after the event. All request for an official excuse made **after the 5 BUSINESS DAYS** will be denied.**

PLEASE COMPLETE THIS ENTIRE SECTION

Student Name:		Student ID #:	
Mailing Address:			
Home #:	Cell #:	Email:	
Classification:		Major:	
Name of Professor(s)/Instructor(s)	Name of Class(es) Missed	Class Meeting Day(s) <small>Ex: M, T, W, R, F</small>	Class Meeting Time <small>Ex: 8:00 am – 10:00 am</small>
Excuse Date(s): Note: Emergency circumstances will be reviewed by Mrs. Yvonne Nelson-Langley and Mrs. Varonia Walker on a case by case basis. Please contact Mrs. Walker (850) 412-5696 or Varonia.walker@famuedu for further assistance.			
Explanation for Excuse Request:			

The number of unexcused absences requested this semester prior to this request:
Note: SOAHS Students are allowed no more than 3 excused absences per semester.

Student's Signature:	Date
-----------------------------	-------------

OFFICIAL USE ONLY	
<input type="checkbox"/> Excuse Request Granted	<input type="checkbox"/> Excuse Request Not Granted: Justification was not verified.
Dean's Signature: _____	Approval Date: _____