

## Undergraduate Student Absence Policy for University-Approved Activities

Southern Illinois University Carbondale deeply values and supports the required participation of undergraduate students in university-approved activities. In this spirit, instructors will provide these students with reasonable accommodations for missed exams, quizzes, and the like. The Office of the Vice Chancellor for Student Affairs and Enrollment Management will determine university-approved activities. However, it is the students' responsibility to use the Undergraduate Student Absence Form to officially inform instructors of all scheduled absences as soon as possible in the term. It is also the students' responsibility to arrange for the completion of all missed classroom work. Ultimately, students are responsible for the material covered in class. In the event of disagreement regarding this policy, the issue will be directed to the department chair, the dean, then the Provost, if necessary, for review. *(Policy adopted by Faculty Senate, Fall 2003.)*

### Undergraduate Student Absence Form For University-Approved Activities

Students: Please fill out the form and meet with your instructor.

This form must be accompanied by written verification (e.g., Email, memo, fax, etc.), from the SIUC faculty or staff member requiring the absence, documenting the reasons for the missed classes.

Student Name: \_\_\_\_\_

Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

Name of Instructor/Staff Member Requiring Absence: \_\_\_\_\_

1. Because I have an obligation to participate in/attend the following required activities, I would like permission to miss the following classes:

Activity Date(s)	Required Activity	Class Work Missed

2. I may be required to participate in the activities listed below. As soon as I am aware that my participation is required, I will notify the instructor. Otherwise, I will attend class.

Activity Date(s)	Required Activity	Class Work Missed

I (do / do not) grant permission for the student named above to miss the class(es) indicated above or on the attachment. Special accommodations, if necessary, and/or consequences are specified below. [If the faculty member denies the request, s/he should provide an explanation below.]

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand these conditions:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_