



**TUSKEGEE UNIVERSITY COLLEGE OF VETERINARY MEDICINE**  
**Excused Absence Request Form (For Classes Only)**

This form is to be used for requesting prior permission to be absent from class or other required academic activities. It is the responsibility of the student to make up any missed class work with the instructors.

\_\_\_\_\_  
(FIRST NAME) (LAST NAME) Class: VM1 VM2 VM3 VM4\_\_\_\_\_  
(Circle One)

Signed: \_\_\_\_\_  
Student Signature: (Date)

Student ID: \_\_\_\_\_ Mobile/Cell Number: \_\_\_\_\_

Reason for the absence: \_\_\_\_\_

☐ (Check box if you have attached official documentation which is required prior to approval being granted, e.g., meeting registration receipt, doctor's note, funeral program, court subpoena, etc.)

Please list the name(s) of the instructor(s) whose class(es) you were or will be absent from:

Instructor	Course Name & Number	Date(s) of Absence(s)

**Do Not Write Below This Line**

<input type="checkbox"/> Check box confirming appropriate documentation attached: _____	
Date	Initials
Signature, Associate Dean for Academic & Student Affairs	Approved: __Yes__ No Date: _____
	If No: (Reason) _____
Rev: 2/19/25 ADASA-eg/dm	