



Notification of Excessive Absences Form

Course Number: _____ **Section:** _____ **Date:** _____

Student Name: _____ **Student ID Number:** _____

Last Date of Student Class Attendance: _____

Number of Absences: _____

Faculty Name: _____
(Please Print)

Faculty Signature: _____

*****Please submit completed form to the Registrar's Office***

FOR OFFICE USE ONLY:

Date received: _____

Date processed: _____

Processed by: _____

Notification:

Student Financial Aid Business Office Athletics Advisor Intl Programs