



Marquette University  
College of Health Sciences



**Absence Notification**

For use by **Health Science** students only.

DIRECTIONS: Present your copy of this form to the instructors of any courses in which you are requesting to make up missed work.

TODAY'S DATE \_\_\_\_\_

\_\_\_\_\_  
(LAST NAME) (FIRST) (MIDDLE) (STUDENT MUID)

\_\_\_\_\_  
(CAMPUS ADDRESS) (CAMPUS PHONE NO.)

\_\_\_\_\_  
(E-MAIL ADDRESS) (CELL PHONE NO.)

Check Class: Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ PHAS \_\_\_ PHTH \_\_\_

I request that my professors be notified of my absences on the following date(s):

\_\_\_\_\_

Reason for absences: (be specific and attach any verification)

\_\_\_\_\_  
\_\_\_\_\_

Courses: (include section number and instructor)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ABSENCE POLICY:**

I understand that notification of absence does **NOT** increase the number of absences normally permitted. The College does not differentiate officially between excused and unexcused absences.

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Dean's Office, College of Health Sciences