

Simpson College
Explanatory Statement for Absence from Class

1. Student Name: _____

2. Student ID: _____

3. Department, course and section _____ Date of Absence: _____

4. Name of Instructor: _____

5. Reason for absence: _____

6. In case of absence due to illness, answer the following:

(a) Did you visit the Campus Health Services? ___ Yes ___ No If Yes, When? _____

(b) Did you see another Doctor? ___ Yes ___ No If yes, list Doctor's name below:

Doctor's Name: _____

(c) If your answers to (a) or (b) are "No", can you give the name of someone who can vouch for the fact that you were ill?

Name of person: _____

Address: _____

Phone Number: _____

By signing this form, I certify that the above facts are true to the best of my knowledge and belief. I recognize that falsifying this form is a violation of the Student Code of Conduct and I understand that I subject myself to disciplinary action.

Signature

Date