

Simpson College
Class Absence Form for Flu-Like Illness

This form is for students who have flu-like symptoms. For other absences, please use "Explanatory Statement for Absence from Class" form available at the Registrar's website. Please submit this form to your instructor. You may photocopy the form for multiple instructors.

Name: _____ Date: _____

Student ID: _____

Phone Number: _____

Email Address: _____

I had flu-like symptoms on the following dates: _____

Please provide any relevant details concerning your absence. You may attach documentation to this form if you wish, but documentation is NOT required.

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: _____