

STUDENT ABSENCE REQUEST

To be submitted to your Professor as early as possible

Student Information

Last Name		First Name	
Student Number	NC email	@ncstudents.niagaracollege.ca	
Program			
For absences longer than one day, indicate the start and end dates			
Start Date		End Date	

Missed Work

DATE	COURSE CODE	MISSED WORK OR EVALUATION	PROFESSOR	ACTION TAKEN

Reason for absence

<p>SANCTIONED EVENT Prescheduled events sanctioned by Niagara College. Please provide details regarding the sanctioned event.</p>	
<p>Authorized Niagara College person associated with the event</p> <p>Name _____</p> <p>Signature _____</p>	<p>Title _____</p> <p>Date _____</p>

PERSONAL EVENT