



Self-Reporting of Illness or Injury Resulting in Absence from Class

To be completed by student and given to instructor. Use one form per class.

Students can use this form to meet their reporting expectations in the event of short term absences due to physical/mental illness or injury for which instructors may request documentation.

<link to guidance document>

Name:

University ID Number:

Semester or Session:

Course Number:

Instructor Name:

Date(s) of Absence:

By signing below, I attest that I am/was unable to attend class due to temporary impairment from illness or injury that significantly impairs/impaired my ability to participate and/or perform in academic activities, or which would have placed my fellow students and instructors at significant risk for contagion. By filling out this form, I am requesting an excused absence for the dates listed above. I understand that I am subject to disciplinary action if I have provided false or misleading information on this form.

Signature:

Date:
