

Sam Houston State University
Dean of Students' Office

ABSENCE NOTIFICATION REQUEST FORM

Student Name _____ Sam ID _____

Address _____

E-mail _____ Phone _____

Date of absence(s) _____

Reason for absence:

Additional comments:

Office Use Only

Proof of Absence

- Illness** (Documentation Received _____)
- Death** (Documentation Received _____)
Relationship to student: _____
- Other** _____

Information Received by: _____ Date: _____
Verified by: _____ Date: _____

Please Return Completed form to:

SHSU Dean of Students' Office
Box 2508
LSC 215
Phone: 936.294.1785
Fax: 936.294.3961