

Sam Houston State University
Student Advocacy Office

ABSENCE NOTIFICATION REQUEST FORM

Student Name (Print) _____

Sam ID _____

Address _____

E-mail _____

Phone _____

Date of absence(s) *this form must be submitted within 10 business days of the 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: _____

- Approved** _____
- Denied** _____

Please Return Completed form to:

SHSU Student Advocacy Office
Box 2508; LSC Suite 210
Phone: 936.294.1785
Email: advocacy@shsu.edu