

Sam Houston State University
Dean of Students' Office

ABSENCE NOTIFICATION REQUEST FORM

Student Name (Print) _____ 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: _____

Approved _____

Denied _____

Please Return Completed form to:
SHSU Dean of Students' Office
Box 2508; LSC Suite 215
Phone: 936.294.1785
Fax: 936.294.3961