

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) \*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 Dean of Students' Office  
Box 2508; LSC Suite G010  
Phone: 936.294.1785  
Email: doso@shsu.edu