



FURMAN

STUDENT NAME	
FURMAN ID NUMBER	

ABSENCE REQUEST

Dates of Absence: _____

The following information will assist us in communicating with you if we need any additional information:

Cell Phone

It is our practice to confirm the reason for an absence. Please attach appropriate documentation confirming the reason for your absence or provide contact information below for someone who can confirm the reason for your absence.

Contact Name: _____

Phone Number: _____

Relationship to Student: _____

In the space below, please state the reason for your absence.

REASON

Please complete this form and return to the Office of the Associate Academic Dean via email to academic.deans@furman.edu or fax to 864-294-3584 or deliver to the Administration Building, Room 206.

Office use Only:	
Confirmed: Date _____	Who _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> DB	Email sent to Profs: Date _____ Who _____