Guidelines for Requesting Excused Absences

Responsible behavior is expected of business students at all levels; consequently, excused absences are issued to students in order to prevent negative academic repercussions from a legitimate life event. It is not designed to accommodate students who have not acted responsibly.

The following guidelines will be used in determining the appropriateness of an excuse being issued:

1. Students should notify the advisor and/or the Director of Academic Support concerning any event that may cause their absences from any class or scheduled session. This notice should occur as soon as the student is aware of the event. Notice should be given in person when possible or by phone if necessary.

2. All requests for excused absences must be made within 72-hours after a student is physically able to return to school. Requests after this period may or may not be considered. Documentation must accompany requested excuses for family sickness, death in immediate family, legal matters, or university travel.

3. In order to receive consideration for an excused absence for illness, the student must submit an original doctor’s statements from a doctor or clinic official on their letterhead. The statement must be clearly dated and signed. If the illness does not warrant a trip to Student Health Services on Campus and/or a doctor’s office, the student must notify their instructor and advisor if he/she is ill and unable to attend class(es) prior to any exam, quiz or assignment. For major scheduled exams 72-hours after the scheduled exam(s) and assignment(s).

4. If there is illness or death of one’s immediate family member(s), the advisor and/or Director of Academic Support Services should be notified as you become aware, so that the office can assist you in any academic and/or personal arrangements to facilitate your continued positive academic performance.

5. All requests for excused absences must be submitted directly to your advisor. The request will be processed and forwarded to the Director of Academic Support for final approval. A copy of the excuse will be placed in the student’s file. An original will be given to the student to submit to his/her instructors.

6. Instructors will not allow you to make-up assignments or exams without an approved excuse.

It is important that you act responsibly so that we can assist you when there is a legitimate personal issue to resolve. We ask your cooperation in helping us to help you.

NOTE: ORIGINAL DOCUMENTATION MUST ACCOMPANY EACH REQUEST.
SCHOOL OF BUSINESS AND INDUSTRY  
Florida Agricultural and Mechanical University  
500 Gamble Street, Sybil Mobley Complex• Tallahassee, FL 32307

EXCUSE REQUEST FORM

OFFICE OF STUDENT SERVICES

Request Date: ____________________________  
Telephone #: ____________________________

Student’s Name: ____________________________  I.D.#: ____________________________

Date(s) Absent: ____________________________  Time: ____________________________

REASON:                                         
☐ Personal Illness/Dr.’s appointment  ☐ Family Sickness  ☐ Court  
☐ Official University Travel  ☐ Death in Family  ☐ Other__________________________

*Original documentation must be attached. (Remember that the submission of false, inaccurate or altered documents will be considered a serious offense and will be treated as such.)

Circle or underline all that apply: Absence(s) caused me to miss an assignment, quiz, exam, midterm or final exam.

Instructor(s):  

1. ______________________________________  ____________________________________________

2. ______________________________________  ____________________________________________

3. ______________________________________  ____________________________________________

4. ______________________________________  ____________________________________________

5. ______________________________________  ____________________________________________

6. ______________________________________  ____________________________________________

Course(s): Prefix/Number  
(Example: ACG 2XXX)

1. ______________________________________  ____________________________________________

2. ______________________________________  ____________________________________________

3. ______________________________________  ____________________________________________

4. ______________________________________  ____________________________________________

5. ______________________________________  ____________________________________________

6. ______________________________________  ____________________________________________

COMMENTS:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Student Signature: ____________________________  Date: ____________________________

Academic Advisor or Designee Signature: ____________________________  Date: ____________________________

Excuses may be picked up within two-three business days.

___Approved  ___Denied