Lightsey, Suite 101
AbsenceMemo@cofc.edu
Office: 843.953.3390
Fax: 843.953.2290

Absence Memo Office

Absence Memo Request Form

AMO	Scan

Please write clearly. We cannot send notice to professors when handwriting is illegible or information is inaccurate/blank.

SID # (don't remember - MyCharleston can help): _____

Name: _____ Phone Number: _____ E-mail:_____@g.cofc.edu

After reading 1 – 3 below, please initial each statement.

1._____ **You must communicate with your professor(s) *immediately*** upon missing class or learning you will/intend to be absent from class to discuss the professor's consideration regarding authorizing the absence, assigned class work and/or make-up work.

2._____ The Absence Memo Office is not authorized to excuse any class absence. The only individual who may authorize an excused absence is the professor of each respective course.

3._____ Absence notification is sent by e-mail to professors of all of your enrolled courses; and is sent as soon as reasonably possible (one to three business days unless precluded by unusual circumstances).

Please circle or write in information below as appropriate.

Academic Status: STEP Impact Student Probation Not Applicable

Date(s) of Absence: _____ _____ _____ _____ _____ _____

Semester of class: Fall Spring Express I Express II Maymester
May Evening Summer Evening Summer Day I Summer Day II Online

Missed Class (es): _____

Reason for Absence (the information/documentation you provide may be shared with your faculty):

_____**Victimization** (includes witness/victim's friend/assisted victim/etc.) ***Do NOT provide any of the following: incident type, details, police report, documentation, etc.*** (Victim Services will contact you at the contact information you provide at top of this form)

_____**College Sponsored Activity**: CofC Athletics (Game) Club/Organization Class/Course Event Other

Describe: _____

Advisor/professor **cannot** be a student. Please ask advisor/professor to contact this office to verify this is a college sponsored event.

Advisor's/Professor's Name: _____ **AND** Phone number/email address:_____

_____**Illness/Injury** Describe**:** _____

_____**Death** Date of Death: _____ Decedent's Name: _____

Date of Funeral: _____ Relationship to Decedent: _____

_____**Other** Describe: _____

Attach Documentation (medical note, military verification, obituary, etc.); ***victimization category is excluded*****.**

_____ Documentation not attached, but will be emailed/faxed/dropped off soon. (AMO will not send memo until we receive documentation.)

_____ Documentation is attached _____ No documentation

By signing this document, I am authorizing the Absence Memo Office (AMO) to send absence notice to my professor(s). The information I have given above is true. I understand that intentionally misrepresenting my absence and/or falsifying support documentation is a violation of the Honor Code and may result in 1.) notice to my faculty and/or the Dean of Students' Office of suspected intentional misrepresentation and/or 2.) disciplinary action.

Please know that the AMO is one instrument of many in support of students successfully reaching academic achievement; thus, in some instances it may be necessary for the AMO to notify and/or involve other departments as a proactive intervention tool to assist students who are experiencing academic disruption. These departments may include, but are not limited to, the Office of the Dean of Students, Center for Academic Performance and Persistence, Office of Equal Opportunity Program, Title IX Coordinator, Center for Disability Services, etc. Please be aware that all matters discussed and any information collected are kept confidential to the extent reasonably possible and permitted by law.

Signature of Student: _____ **Date:** _____