Please write clearly. Notification cannot be processed when information is incorrect, incomplete, or illegible.

The College Sponsored Activity Related Absence form should be completed instead of this form for those whose absences are related to a CofC sponsored event (which must meet specific criteria).

Name: _________________________________________   SID#:________________________________   (Don't remember, MyCharleston can help.)

Phone Number: (_______)  ________-_________________ CofC Email:__________________________________@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: Bridge Student         STEP             Impact Student            Probation               NA                    NA = None of these apply to me

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):

_____Victim of Crime (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.)

_____Illness/Injury  Describe: (For sensitive circumstances, please do not provide details but check with Ms. Nelson for guidance.)

Your response/decision regarding the following statement is strictly voluntary. I authorize the AMO to relay illness/injury type indicated on this form/accompanying documentation to my faculty.   Yes   No

_____Death       Date of Death:_____________________       Decedent’s Name:______________________
       Date of Funeral:_____________________       Relationship to Decedent:______________________

_____Other  Describe: ____________________________

Attach Documentation (medical note, military verification, obituary, etc.); crime victim 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: __________________________