Statement of Absence from Class

1. Student Name: ________________________________
2. Department & Course: ____________________________
3. Date of Absence: _______________________________
4. Instructor:  ____________________________________
5. Reason for Absence:  ____________________________
6. In case of absence due to illness, answer the following:
   • Did you visit the Health Center? _______________
   • Did you see another Doctor? ____________________
   • Doctor’s name ______________________________
   • If your answers to (a) or (b) are “NO” please give the name of someone who can vouch the fact that you were ill?
     Name of person _____________________________
     Phone number ______________________________

I certify that the above facts true to the best of my knowledge and belief. **I give permission to my professor to verify that the above information is true.** I understand that falsifying absence from class is a violation of the Moravian College Academic Honesty Policy, which states in part that “students may not offer a falsified excuse for an absence from an examination, test, quiz, or other course requirement, directly or through another source.” Finally, I understand that I subject myself to disciplinary action in the event the above facts are found to be false.

Signature: _____________________________________
Date: __________________________________________