

Cleveland State University

Student Name _____ CSU ID _____

Class Absence Authorization Form

I will be missing class for the dates listed below due to my:

- participation in a University-authorized activity.
observation of a religious holiday.

I understand that I am responsible for completing all course work that I miss. I appreciate your understanding and cooperation.

Course Number: _____ Section Number: _____ Day/Time of Class Meetings _____

Dates of classes missed due to University-Authorized Activities or religious holiday(s):

Reason for absence:

Sponsor's Name* (for University-authorized activities) Sponsor's Signature Phone Number Date Signed

Faculty Name Faculty's Signature Phone Number Date Signed

Administrator's Name* (If needed) Administrator's Signature Phone Number Date Signed

Students will return the signed form to the University activity sponsor who will keep a record of the student's absences on file.

*Please Note: Students should present this form to the faculty member by the beginning of the second week of the semester for classes scheduled in Fall and Spring semester. For classes not held during the regular fall or spring schedule, please make reasonable adjustments to this timeframe. In cases where the date and time of the scheduled activity is not known within this time frame, approval to schedule an event which will result in student absences must be secured from the administrative officer directly above the sponsoring unit (e.g., College Dean, Director of Athletics, Dean of Student Life).

Use this space for any faculty comments: