



EXCUSED ABSENCE REQUEST

Student Name: _____

Date: _____

Class/Lab: _____

Date and times requested for excused absence: _____

Reason for the absence:

I understand that I am allotted only one excused absence of up to 4 hours per program year, and any other absence will result in needing to retake the class in its entirety.

I understand that any absence of more than 4 hours will necessitate that I reschedule and retake the class in its entirety.

Check the option that applies to you:

_____ **I plan on missing less than 4 hours** and understand that I will have additional work assigned. I also understand that my request may not be approved depending on the material that is covered in class during the period I am requesting to be absent. I understand I will be notified if this absence is approved or disapproved.

Student's Signature: _____

_____ **I plan on missing more than 4 hours** and request to reschedule this class/lab as follows:

Class/Lab: _____

Date: _____

Student's Signature: _____

SUBMIT THIS FORM TO THE ACADEMIC ADVISING OFFICE: Form can be submitted in person at the office or by email to academicadvisor@naturopathicinstitute.org.



OFFICE USE ONLY

ACADEMIC ADVISING TEAM

Received by: _____ Concur/Nonconcur: _____ Date: _____

Comments: _____

Submit to instructor if less than 4 hours missed or to Director of Education if more than 4 hours missed.

INSTRUCTOR (if less than 4 hours)

Received by: _____ Concur/Nonconcur: _____ Date: _____

Recommendation for how to make up the time and work missed/Comments: _____

Submit to the Director of Education

DIRECTOR OF EDUCATION

Approved/Disapproved: _____ Date: _____

Comments: _____

Return to the Academic Advising Team

ACADEMIC ADVISING TEAM

Notify Student and remind them to update their lodging request (if required).

Notify Directed Studies Coordinated of any changes to Directed Studies.

Update Dashboard and Class Rosters as required.