

EASTERN KENTUCKY UNIVERSITY

Richmond, Kentucky

Office of Academic Affairs and Research

To: Instructors

From: _____
Assistant Vice President
Enrollment Management

Subject: Student Absence for University Activity

The students named below were absent from classes on _____,
Day(s) of the week

_____ from _____ to _____,
Date(s) start time end time

for participation in the following activity recognized by the University: _____
_____. These absences should be dealt with
according to the departmental policy for your course. If feasible, the students should be given the
opportunity to make up the work missed.

Student names:

Class Instructor's Name (Please **PRINT LEGIBLY**)

Class Instructor Date

Department Chair Date