

FAYETTEVILLE STATE UNIVERSITY

REQUEST FOR CLASS ABSENCE DUE TO REQUIRED RELIGIOUS OBSERVANCE

Absence Information

SEMESTER: Fall Spring Summer Year: 20_____

Date Submitted: _____ Student ID#: _____

Student Name: _____
Last First MI.

Course Section, Number and Name Instructor

Course Section, Number and Name Instructor

Course Section, Number and Name Instructor

Course Section, Number and Name Instructor

Identify the religion and the required religious observance: _____

Date(s) of absence(s): _____

Student Contact Information

Phone (home): _____ Mobile: _____

E-mail address: _____

Required Signatures

*Student: _____ Date: _____

Director, Center for Personal Development: _____ Date: _____

**The student's signature on this form is attesting to the fact that this absence is due to a required religious observance and that the information provided is true and accurate.*

Upon completion of this form, please submit to the Center for Personal Development, Spaulding/Infirmary Building, Room 155