## SOUTHERN METHODIST UNIVERSITY

Explanatory Statement for Absence from Class

1.	Student name and ID number:
2.	Department Course and Section Date of Absence
3.	Name of Instructor
4.	Reason for Absence
5.	In Case of Absence for illness, answer the following
	a. Did you visit the Health Center? When?
	b. Did you see another doctor?
	Doctor's name
	C. If your answers to (a) and (b) are "NO," can you give the name of someone who can vouch for the fact that you were ill?
	Name of personAddressTelephone number
	I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.
	Signature
	Date