

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 person _____
Address _____
Telephone 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 _____