



Office of the Vice President for Student Services

Student Absence for Reasons of Faith or Conscience

Academic Year and Quarter Requested: _____

Name: _____ Date of Request: _____

Student ID #: _____

Day(s) Requested for Reasons of Faith or Conscience: _____

(Students are entitled to two days of excused absences per academic year. Students must take the entire day off for an excused absence; partial day is counted as one full day.)

State Reason for Request:

Office Use Only:

Request Granted _____

Request Denied _____

Reason for Denial:

Signature: _____

Date: _____

Vice President for Student Services