

## Office of the Associate Dean Faculty of Social Sciences Kenneth Taylor Hall, Room 129

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## **NOTIFICATION OF ABSENCE FORM**

REPORTING MISSED COURSEWORK FOR ACADEMIC TERM: Fall 2024

Name:	Student Number:				
Program & Level:			Today's Date:		
Medical / Illness Re	Indicate the <b>REASON F</b>			ildcare	
		ASE PRINT CLE			
COURSE CODE (i.e. ANTHROP 1AA3)	ACADEMIC WORK MISSED (i.e. Quiz, Test, Essay)	% OF WORK	INSTRUCTOR	DATE OF MISSED WORK	
This	eside each item below to indicate in indic	mplete and ac		sign & date the form.*	
I will	ensure I have an active M ensure that the correct en contact my instructor imr	mail address is	used to notify instructors.		
	•		any consideration made for	my missed work.	
Signature:			Date:		
•	nation provided in the atta on to the professor(s) liste				
			nment. Use your McMaster re sending the email, and ar	student email and include you n appropriate subject line.	
	FOR	OFFICE USE	ONLY		
Processed? YES / NO		Sign	Signature:		

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