

NOTIFICATION OF ABSENCE FORM

REPORTING MISSED COURSEWORK FOR
ACADEMIC TERM: Fall 2024

Name: _____ Student Number: _____

Program & Level: _____ Today's Date: _____

Indicate the **REASON FOR MISSED COURSEWORK** below:

Medical / Illness Religious / Faith Bereavement(loss)/Compassionate Childcare Technology issue

PLEASE PRINT CLEARLY

<i>COURSE CODE</i> <i>(i.e. ANTHROP 1AA3)</i>	<i>ACADEMIC WORK</i> <i>MISSED</i> <i>(i.e. Quiz, Test, Essay)</i>	<i>% OF</i> <i>WORK</i>	<i>INSTRUCTOR</i>	<i>DATE OF MISSED WORK</i>

Note - Student must initial beside each item below to indicate their understanding and agreement, and sign & date the form.

This information provided is complete and accurate.

I will follow all instructions carefully and completely.

I will ensure I have an active McMaster email account.

I will ensure that the correct email address is used to notify instructors.

I will contact my instructor immediately regarding my missed work.

Failure to comply with these instructions may result in forfeiting any consideration made for my missed work.

Signature: _____

Date: _____

May we relay the information provided in the attached
submitted documentation to the professor(s) listed above?

This form can be emailed to socscfac@mcmaster.ca as an attachment. Use your McMaster student email and include your full name with student number, a concise explanation of why you are sending the email, and an appropriate subject line.

FOR OFFICE USE ONLY

Processed? YES / NO

Signature: _____