Absence from Class for Students on Academic Contract

Full participation and 100% attendance in classes, laboratory periods and examinations is required of all students on academic contract.

An excused absence policy, however, has been adopted acknowledging that there may be circumstances under which a student may be absent from class for legitimate reasons. These circumstances and the procedures for approval and notification are listed below.

Students claiming an excused absence must apply in writing and furnish documentary support for their assertion. The Absence from Class form and all supporting documentation must be submitted to the Academic Assistance Center designee when the weekly report form is completed. The student is responsible for providing satisfactory evidence to substantiate the reason for absence. In cases where advance notification is not feasible (e.g., accident or emergency) the student must provide notification by the end of the second working day after the absence. This notification must include an explanation of why notice could not be sent prior to the absence from class.

An excused absence does not relieve the student from responsibilities for missed class sessions and examinations and only applies to the mandatory attendance requirement of the academic contract. Students are responsible for contacting each of their instructors regarding the possibility of making-up any missed work. The decision to excuse or not excuse the absence is left to the discretion of each faculty member.

Submission of the form does not guarantee an excused absence!

Excused Absences

(Does not apply to GnEd 1900 Chancellor’s Success Seminar)

1. Anticipated Absences. Excuses for anticipated absences must be approved by the Academic Assistance Center designee before the absence and all instructors must be informed. A student must submit his/her excused absence request to his/her assigned Academic Assistance Center designee at least one week in advance of the scheduled class session(s) on an Absence from Class Form available online at http://onestop.umcrookston.edu/registration/officeRegForms.htm. The form needs to be completed in its entirety and all materials documenting the reason for the absence should be attached to the form. The Academic Assistance Center designee will consider the request for an excused absence and the student will be notified of a decision in a timely fashion.

Examples of anticipated situations where a student would qualify for an excused absence are:

1.1. University sanctioned event. The student is away from campus participating in an event typically accompanied by a University faculty or staff member. Examples include: academic conferences, class field trips, and class-required attendance at special events (in no case
should students miss class to attend athletic practice). The sponsoring faculty instructor needs to sign the **Absence from Class Form**.

1.2. Required **court attendance** as certified by the Clerk of Court and/or participation in legal proceedings or administrative procedures that require a student’s presence.

1.3. **Religious observances** where the nature of the observance prevents the student from being present during the class period as verified by Campus Ministry. The Coordinator of Campus Ministry (StuC 145H) needs to sign the **Absence from Class Form**.

1.4. Absence due to required **military duty** in the National Guard or active reserve as certified by the student's commanding officer. A copy of the military orders need to be attached to the **Absence from Class Form**.

2. **Unanticipated Emergency Absences**

Excuses for emergency absences must be reported to the Academic Assistance Center designee as soon as possible, but no later than the second working day after the absence.

Examples of emergency absences are:

2.1. **Injury or illness.** An absence for a non-acute medical reason does not constitute an excused absence. An injury or illness that is too severe or contagious for the student to attend class will need to be documented.

The student is required to obtain medical confirmation from his or her medical provider. The UMC Student Health Services or an off-campus medical professional can provide medical confirmation only if medical professionals are involved in the medical care of the student. The medical confirmation must contain the date and time of the illness and the medical professional's confirmation of needed absence. The mere utilization of medical services does not guarantee that an absence will be considered excused.

Illness or injury confirmation may be obtained by one or both of the following methods:

2.1.1. Completion of the **Absence from Class Form** by the UMC Student Health Center (available at [http://onestop.umcrookston.edu/registration/officeRegForms.htm](http://onestop.umcrookston.edu/registration/officeRegForms.htm)).

2.1.2. Completion of the **Absence from Class Form**, or written confirmation on the provider’s official letterhead, of a visit to a health care professional affirming the nature of the illness or emergency, date and time of visit, provider’s name, and telephone number.

2.2. **Death or serious illnesses in the family** when documented appropriately. Immediate family may include: mother, father, sister, brother, grandparents, spouse, child, spouse’s child, spouse’s parents, spouse’s grandparents, stepmother, step-father, step-sister, step-brother, step-grandparents, grandchild, step-grandchild, legal guardian, and others as deemed appropriate by the Academic Assistance Center designee. In cases of family emergency, students are expected to present evidence or documentation to verify the reason. A completed **Absence from Class Form** and funeral notice, newspaper obituary, or similar documentation will be required.
Absence from Class Form

INSTRUCTIONS Students claiming excused absence must apply in writing and furnish documentary support for their assertion. This form and all supporting documentation must be submitted to the Academic Assistance Center designee when the weekly report form is completed. You are responsible for providing satisfactory evidence to substantiate the reason for absence.

An “excused” absence does not relieve you from responsibilities for missed class sessions and examinations and only applies to the mandatory attendance requirement of the academic contract. You are responsible for contacting each of your instructors regarding the possibility of making-up any missed work. The decision to excuse or not excuse the absence is left to the discretion of each faculty member.

The submission of this form does not guarantee that your absence will be considered “excused”.

DEADLINE: Excuses for anticipated absences must be approved by the Academic Assistance Center designee before the absence. You must submit your request at least one week in advance of the scheduled class session(s) that you will not attend. In cases where advance notification is not feasible (e.g. accident, or emergency) you must provide notification by the end of the second working day after the absence.

SECTION A: Student Information

<table>
<thead>
<tr>
<th>Dates of absence(s) and classes not attended</th>
<th>Subject and Course Number</th>
<th>Dates of absence(s) and classes not attended</th>
<th>Subject and Course Number</th>
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<tbody>
<tr>
<td>Date: September 5</td>
<td>Example. Comp 1011</td>
<td>Date:</td>
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SECTION B: Reason for Absence

- University sanctioned event
  - Complete Section C. Have the responsible faculty instructor or University staff person who will be accompanying the event complete Section D.

- Court or legal proceeding
  - Complete Section C. Attach a copy of the court order or notice of legal proceedings to this form.

- Religious observance
  - Complete Section C. Have the Coordinator of Campus Ministry complete Section D.

- Military duty
  - Complete Section C. Attach a copy of the military activation orders to this form.

- Death in immediate family
  - Complete Section C. Attach a copy of the death certificate, funeral program, or newspaper obituary.

- Injury or illness
  - Complete Section C. Have the UMC Health Service or medical provider complete Section E or attach a signed statement on official letterhead from the medical provider confirming date and time of illness and confirmation of needed absence from class.

- Other
  - Complete Section C. Attach appropriate evidence or confirmation to document your statement.

SECTION C: Student’s Statement (Provide a complete and detailed explanation specifically addressing the need for you to miss class.)

I certify that the information provided is true. I understand that misrepresentation of facts in connection with this form, whenever discovered, may be sufficient cause, in and of itself, for my immediate suspension and the initiation of a disciplinary complaint under the provisions of the UMC Student Conduct Code.

[ ] YES  [ ] NO

Student signature ____________________________ Date __________

*** COMPLETE OTHER SIDE ***
### Section D. To be completed by UMC faculty/staff (see instructions in Section B)

Brief description of the University sanctioned event or religious observance that resulted in, or will result in, this student's absence from class:

| Date & Time of Event: (from __________________ to __________________) |
| Other comments pertinent to the student's circumstances: |

**By signing this form, you are certifying that the information you provided is true to the best of your knowledge.**

| Name and title of UMC Faculty/Staff Person | Date |
| __________________________ | ________ |
| Signature | Phone number |

### Section E. To be completed by physician/medical professional

This form is to be used to help the student with documentation for an exception to a University of Minnesota policy. When completing this form, you will be asked to rate conditions on a scale of mild, moderate, or severe. Please use these ratings to indicate the usual state of severity of the conditions during the illness period. If additional space is needed, attach a separate letter on letterhead providing further information.

| student name: last first middle |
| Signature of student authorizing release of medical information (REQUIRED) | Date |
| __________________________ | ________ |

| Patient was seen for medical condition on (list all dates): |
| State your diagnosis and list specific symptoms and how they prevented the student from attending class(es): |
| Was the student physically or emotionally incapable of attending classes during the illness? |
| [ ] Yes [ ] No |

Rate the severity of how the illness impacted the student's daily functioning during the illness:

- [ ] Mild impairment in functioning greater than would be expected for a college/university student, leading to some impairment in studying and/or missing of classes
- [ ] Moderate impairment indicates further impairment in functioning that is not excessive or extreme
- [ ] Severe impairment indicates extreme difficulty in functioning and complete inability to attend class or study

| Duration of this illness or injury as it relates to the student's ability to attend class: |
| FOR: Date ________ Time ________ TO: Date ________ Time ________ |
| On what date do you believe the student can/could have resumed normal daily activities, including attending class(es)?: |
| Other comments pertinent to the student's circumstances: |

**By signing this form, you are certifying that the information you provided is true to the best of your knowledge.**

| Physician/Medical Professional name and Title | Date |
| __________________________ | ________ |
| Physician/Medical Professional Signature | Phone number |

| Name of Agency or Medical Provider (e.g., Altru Health-Crookston, MN) |

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