



Absence Memo
67 George Street
(843) 953-3390
FAX (843) 953-2290
E-Mail: absencememo@cofc.edu

Note: This does NOT authorize an excused absence. Only your professor can excuse you from class.

CHRONIC ILLNESS ABSENCE MEMORANDUM REQUEST

(PLEASE PRINT)

(Notification is sent by e-mail to professors of **ALL** enrolled courses)

TERM: _____

Student's Name: _____
Last First Middle

Student ID: _____

Today's Date: _____

Telephone #: _____

E-Mail Address: _____ @Edisto.cofc.edu

You must have proper documentation.

WITHOUT THIS DOCUMENTATION YOUR REQUEST WILL NOT BE PROCESSED!

(Documentation Required: Formal letter from health care professional)

Student must present current documentation confirming a chronic medical condition for which they are receiving ongoing treatment.

When documentation is received, the student must complete an absence memo request for the current semester.

Student must discuss possible absences due to this medical condition with each professor. If absences become excessive, please discuss this with your professor and call the Absence Memo Office to schedule an appointment.

An absence memo request cannot be sent covering *specific* dates unless *specific* documentation is provided.

Student must resubmit the absence memo request at the beginning of each semester. Documentation will be reevaluated at that time. Student will be advised if updated documentation is needed.

STUDENT SIGNATURE _____ **DATE** _____

The information I have given above is complete and true. I understand that falsified information is a violation of the Honor Code.

PLEASE NOTE THAT ALL ABSENCE NOTES ARE PENDING APPROVAL OF THE ASSOCIATE DEAN OF STUDENTS

FOR OFFICE USE ONLY

Assoc. Deans Approval/Date: _____

Letter No: ___ 1 (WellnessCtr)

Sent By/Date: _____

___ 2 (Own Phys)

Notes:

___ 3 (Other)

“Student has an ongoing medical condition for which treatment is being received. Student may miss classes periodically. Please let student and Associate Dean of Students know of any problems.”