

**Bellarmino University
Physical Therapy Program
Absence Form**

Please see the Absence Policy in the Student Handbook and course syllabus for details about tardiness and absences. Once signatures are obtained from Course Directors or designee, this form can be placed under the office door of the Program Chair or turned into faculty/staff on the first floor with a request to place in the Program Chair mailbox.

Student Name (printed): _____

Date of Request: _____

Date(s) of Absence: _____

Excused Absence	Unexcused Absence
<input type="checkbox"/> Professional PT meeting/conference <input type="checkbox"/> Physical or mental health illness <input type="checkbox"/> Non-elective medical appointment or procedure <input type="checkbox"/> Funeral or memorial service <input type="checkbox"/> University-sponsored function (e.g., student athlete) <input type="checkbox"/> Other:	<input type="checkbox"/> Vacation <input type="checkbox"/> Family reunion <input type="checkbox"/> Wedding <input type="checkbox"/> Employment <input type="checkbox"/> Other:

Inclusive of this Request – Total Number of Excused Absence Days This Semester = _____

Total Number of Unexcused Absence Days This Semester = _____

I affirm I coordinated with Course Directors or other course faculty member as directed to plan remediation for missed material.

Student Signature: _____

Date	Class	Course Director or designee signature

Program Chair: _____

Date: _____