Explained Absence Form



DATE:

STUDENT ID: _____

PLEASE NOTE: Please submit one form for each absence period e.g. 27/11/15 or 29/11/15 – 30/11/15

Complete form with signature of ALL lecturers on absence date(s) and return to ACBT Student Services Dept. Lecturers must acknowledge sighting this form before approval is granted by ACBT Student Services Manager

INSTRUCTIONS:

- Use this form EVERY TIME you are absent from class.
- If a form is NOT SUBMITTED your absence will be shown as UNEXPLAINED in the portal.
- Staple medical certificates (MC) to this form before submitting to ACBT Student Services Dept.
- If you are absent for more than 1 week, complete the form and make an appointment with Student Services • Manager/Deputy Principal
- Return to ACBT Student Services Dept. WITHIN 3 DAYS after absence (unless otherwise approved)

| FAMILY NAME: | OTHER NAMES: |
|---------------------|--------------|
| DATE(S) OF ABSENCE: | |
| | |

REASON FOR ABSENCE:

SICK/UNWELL: Medical Certificate/s attached

OTHER: For personal matters or extended absence make an appointment with the Student Services Manager/Deputy Principal

COMMENTS / ADDITIONAL INFORMATION:

| | Students please ensure each lecturer has completed one of the boxes below | | |
|----------|---|--------------------------|--|
| SED | UNIT CODE: UNIT NAME: LECTUR | ER: | |
| MISSED | OFFICE USE ONLY: | | |
| UNIT 1 I | Lecturer to acknowledge/sign:(STAFF MEMBER) | DATE:// | |
| | PROCESSED SIGNED: | DATE:// | |
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| Ð | UNIT CODE: UNIT NAME: LECTUR | ER: | |
| MISSED | OFFICE USE ONLY: | | |
| 2 | Lecturer to acknowledge/sign:(STAFF MEMBER) | DATE:// | |
| UNIT | | | |
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| Ð | UNIT CODE: UNIT NAME: LECTUR | ER: | |
| MISSED | OFFICE USE ONLY: | | |
| UNIT 3 N | Lecturer to acknowledge/sign:(STAFF MEMBER) | DATE:// | |
| د | PROCESSED 🗌 SIGNED: | DATE:// | |
| | QTDF0015 ACBT | Last Updated: 01/12/2015 | |

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