Excelsior Community College
Transforming Lives, Nurturing Global Citizens.

SCHOOL OF NURSING AND ALLIED HEALTH (SONAH)

STUDENT NURSE'S DOCUMENTATION OF ABSENCE

Student's name: _____

Date of absence: _____

Course name and number: _____

Programme: ☐ BScN ☐ ANTP ☐ Allied Health

Absent from:

Clinical area (name)_____Date: _____/_____/_____ Hours: _____
(MM/ DD/ YYYY)

Skills laboratory (type) _____Date: _____/_____/_____
(MM/ DD/ YYYY)

Examination (name)_____Date: _____/_____/_____
(MM/ DD/ YYYY)

Please provide an explanation of your absence. _____

_____

Faculty decision concerning make-up privilege: _____

Signatures:

Student: _____ Faculty: _____

Date: _____/____/_____ (MM/ DD/ YYYY)