

Request of Absence

Summer Residential Programs 2019



Upward Bound Programs

This form must be submitted at least 7 days before requested date.

Student Name: _____ Requested Day(s) off: _____

Requested Days of the Week off (circle): Sun Mon Tues Wed Thurs Fri Sat

Reason for absence: _____

Pick Up Time: _____ Return Time: _____

For doctor/dental appointments, please indicate **appointment time**: _____

Name & Relation of Person Picking Up Student: _____

Parent/Guardian Name (Print)

Parent/Guardian Signature

Today's Date

Please note:

- Absences due to doctor, dental, or other medical appointments must have a doctor's note.
- Final determination of whether a Request of Absence will be approved depends on Program Director.

Request of Absence

Summer Residential Programs 2019



Upward Bound Programs

This form must be submitted at least 7 days before requested date.

Student Name: _____ Requested Day(s) off: _____

Requested Days of the Week off (circle): Sun Mon Tues Wed Thurs Fri Sat

Reason for absence: _____

Pick Up Time: _____ Return Time: _____

For doctor/dental appointments, please indicate **appointment time**: _____

Name & Relation of Person Picking Up Student: _____

Parent/Guardian Name (Print)

Parent/Guardian Signature

Today's Date

Please note:

- Absences due to doctor, dental, or other medical appointments must have a doctor's note.
- Final determination of whether a Request of Absence will be approved depends on Program Director.