SOUTH MOUNTAIN COMMUNITY COLLEGE

OFFICIAL STUDENT ABSENCE EXCUSE

Student Name:		Today's Date:	_
Last	First	Middle	_
Date(s) of Absence			_
Time of Departure			_
Student Signature			—
Reason:			
<u>Class(s)</u>		<u>Instructor(s) Signature</u>	_
1			
3			
4			
5			
		Leadership, Athletic Department, or Club neduled event. Appropriate official must sig	n
Director of Student Lea	dership		
Club Advisor			

White – Department Copy Yellow – Student Copy

Maricopa County Community College District (MCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the college.

The Maricopa Community Colleges do not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit the following weblink: https://district.maricopa.edu/consumer-information/open/district.mar

