

**CHM 2200L/2211L  
Request for Excused Absence**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**UF ID#:** \_\_\_\_\_ **email:** \_\_\_\_\_

**TA:** \_\_\_\_\_ **Workstation:** \_\_\_\_\_

Please give a brief description of the reason for the absence: \_\_\_\_\_  
\_\_\_\_\_

*If the injury involves crutches or the use of a hand, please indicate the approximate length of the disability* \_\_\_\_\_

**\*\*Attach written, verifiable documentation to this form that explains absence.\*\*  
\*\*Any request that is not accompanied by proper documentation will be denied.\*\***

Date of Absence	Experiment

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>DO NOT WRITE IN THIS SPACE</b>		
Approved [   ]	Denied [   ]	
Notes:		
<i>Stockroom</i>	Initial:	Timestamp:

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*Stockroom: return bottom portion to student as a receipt*

Student Name: \_\_\_\_\_ Timestamp: \_\_\_\_\_