

**ABSENCE AUTHORISATION REQUEST FORM**

(SUBMIT THE COMPLETED FORM TO THE REGISTRAR’S OFFICE FOR APPROVAL)

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| NAME/SURNAME: |  |
| STUDENT ID # & GROUP #: |  |
| STUDENT EMAIL: |  |
| A.C. NAME: |  |
| MODULE(S) TO BE MISSED: |  |
| INSTRUCTOR(S): |  |
| DATE OF SUBMISSION: |  |
| DATE(S) OF ABSENCE: |  |
| REASON FOR ABSENCE:  [Tick one] | * MEDICAL [attach medical document] * PROFESSIONAL [attach professional document] * UNIVERSITY [attach BMU document] * PERSONAL [attach document detailing family/special event] * OTHER [attach relevant document] |

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Please briefly explain the reason you are requesting this absence in the box below.

Signature of the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Registrar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_