Excuse Absence Request Form

EMPLOYEE	☐ Medical	☐ Other DEFIND( )
	Course:	
	ABSENT DATE:	
	NUMBER OF ABSENTS:	
	CLASS TIME: FROM----------TO---------- .	
	EXAM ☐	NO EXAM ☐
	STUDENT NAME:	
	UNIVERSITY ID:	

EMPLOYEE NAME: ----------

EMPLOYEE SIGNSTURE: ----------

DIRECTOR	EXCUSE
	APPROVAL ☐
	NON- APPROVAL ☐

Note: The Original Excuse is Attached

Director of Student Affairs

Official Seal

Mansour bin Falah Al-Dhafiri