

ABSENCE FROM CLASS FORM

NAME STUDENT NO.

DATE

This is to inform you that I have sought permission from lecturers concerned /HOD/Dean for me to be absent from the following classes.

Number and Title of Courses

Lecturer's Sign

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Fordays because of the following reasons.

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Student's Signature Date.....

Head of Department / Dean Signature.....

Date.....

c.c. - Dean of the School

-Dean of Students.

To be completed in triplicates.