



Adventist University of the Philippines

RECORDS AND ADMISSIONS OFFICE

ABSENCE EXCUSE SLIP

FM-RAO-029
Rev. 0

NAME _____
DATE _____
COURSE _____
DATE/S OF ABSENCE _____
REASON _____

(Residence Dean, Physician or Guardian) Only one signature is required.

IMPORTANT: Absence excuse slip must be completed and presented to the instructor within 48 hours of return to classes. Failure to do this means that the absence is unexcused.

Department Chair

College Dean



Adventist University of the Philippines

RECORDS AND ADMISSIONS OFFICE

ABSENCE EXCUSE SLIP

FM-RAO-029
Rev. 0

NAME _____
DATE _____
COURSE _____
DATE/S OF ABSENCE _____
REASON _____

(Residence Dean, Physician or Guardian) Only one signature is required.

IMPORTANT: Absence excuse slip must be completed and presented to the instructor within 48 hours of return to classes. Failure to do this means that the absence is unexcused.

Department Chair

College Dean



Adventist University of the Philippines

RECORDS AND ADMISSIONS OFFICE

ABSENCE EXCUSE SLIP

FM-RAO-029
Rev. 0

NAME _____
DATE _____
COURSE _____
DATE/S OF ABSENCE _____
REASON _____

(Residence Dean, Physician or Guardian) Only one signature is required.

IMPORTANT: Absence excuse slip must be completed and presented to the instructor within 48 hours of return to classes. Failure to do this means that the absence is unexcused.

Department Chair

College Dean



Adventist University of the Philippines

RECORDS AND ADMISSIONS OFFICE

ABSENCE EXCUSE SLIP

FM-RAO-029
Rev. 0

NAME _____
DATE _____
COURSE _____
DATE/S OF ABSENCE _____
REASON _____

(Residence Dean, Physician or Guardian) Only one signature is required.

IMPORTANT: Absence excuse slip must be completed and presented to the instructor within 48 hours of return to classes. Failure to do this means that the absence is unexcused.

Department Chair

College Dean

