

NOTE:

- 1. Kindly attach either medical certificate or parent's / guardian's letter with photocopy of Signatories' valid ID.
- 2. Return to the Office of the College Secretary for file.

NAME_____

Degree/Course _____

Student No.:_____

Date_____

The Dean
School of Management
UP Mindanao

Sir/Madam:

May I request that I be excused for my absence(s) in my class(es) from _____ to _____.

I was/will be absent due to _____.

Very truly yours,

Student's Signature

For the Dean:
APPROVED/DISAPPROVED:

College Secretary

(To be certified by Instructor/s, after Approval / Disapproval of the College Secretary.)

SUBJECTS	Date(s) of Absence	Name of Professor(s)	Professor's Signature
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____