



Explained Absence Form

STUDENT ID _____ DATE: _____

INSTRUCTIONS:

- Please submit one form for each absence day or a week
- Use this form EVERY TIME you are absent from class. (even if it is not an exam day)
- If a form is NOT SUBMITTED your absence will be shown as UNEXPLAINED in our system.
- Submit medical certificates (MC) or any other relevant documents to explain the reason for your absence together with this form to ACBT Student Services Department WITHIN **2 DAYS** after absence (unless otherwise approved).
- If you are absent for more than 1 week continuously, complete the form and make an appointment with the Coordinators/Head of HND.

FAMILY NAME: _____ OTHER NAMES: _____

BATCH NO: _____

DATE (S) OF ABSENCE: _____

REASON FOR ABSENCE:

- SICK/UNWELL: Medical Certificate/s attached
- OTHER: For personal matters or extended absence make an appointment with the Student Services Manager/Head of HND

COMMENTS / ADDITIONAL INFORMATION:

UNIT UNIT CODE: _____ UNIT NAME: _____ LECTURER: _____

Date of exam: _____ Please indicate name of Assessment or Normal absence

OFFICE USE ONLY:

PROCESSED E mail sent to student DATE: ___/___/___: Examinations Manager's Signature: _____

UNIT UNIT CODE: _____ UNIT NAME: _____ LECTURER: _____

Date of exam: _____ Please indicate name of Assessment or Normal absence

OFFICE USE ONLY:

PROCESSED E mail sent to student DATE: ___/___/___: Examinations Manager's Signature: _____

UNIT UNIT CODE: _____ UNIT NAME: _____ LECTURER: _____

Date of exam: _____ Please indicate name of Assessment or Normal absence

OFFICE USE ONLY:

PROCESSED E mail sent to student DATE: ___/___/___: Examinations Manager's Signature: _____

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Student Name: Student ID:

Unit(s) Missed: Date of missed class:/...../.....

Accepted / Not Accepted Received Date:...../...../.....

Signature of Authorised officer:.....