



## Office of Student Affairs Excused Absence Request

Students may request special accommodations for class absence in the following cases:

- Medical reasons
- Death in immediate family
- Personal qualified emergencies (documentation must be provided)
- Religious Expression or Practice

### Instructions:

Please complete the below form and email it directly to [raymed01@nyu.edu](mailto:raymed01@nyu.edu) . All forms must be accompanied by your **N#** and the below:

- A clear scanned copy of a medical note, death certificate, or other certified proof of absence

**\*\*Requests will be considered incomplete if not accompanied by appropriate documentation\*\***

### Student Information:

Name: \_\_\_\_\_

N#: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Course Information:

Date/Time of Request: \_\_\_\_\_

Course Number: \_\_\_\_\_

Course Name: \_\_\_\_\_



**Date of Absence:** \_\_\_\_\_

**Faculty Name:** \_\_\_\_\_

**Faculty Email:** \_\_\_\_\_

**Assignment/Exam (if applicable):** \_\_\_\_\_

**Reason for Absence:** \_\_\_\_\_

**Course Information:**

**Date/Time of Request:** \_\_\_\_\_

**Course Number:** \_\_\_\_\_

**Course Name:** \_\_\_\_\_

**Date of Absence:** \_\_\_\_\_

**Faculty Name:** \_\_\_\_\_

**Faculty Email:** \_\_\_\_\_

**Assignment/Exam (if applicable):** \_\_\_\_\_

**Reason for Absence:** \_\_\_\_\_

**Course Information:**

**Date/Time of Request:** \_\_\_\_\_

**Course Number:** \_\_\_\_\_

**Course Name:** \_\_\_\_\_

**Date of Absence:** \_\_\_\_\_

**Faculty Name:** \_\_\_\_\_

**Faculty Email:** \_\_\_\_\_



**Assignment/Exam (if applicable):** \_\_\_\_\_

**Reason for Absence:** \_\_\_\_\_

**Course Information:**

**Date/Time of Request:** \_\_\_\_\_

**Course Number:** \_\_\_\_\_

**Course Name:** \_\_\_\_\_

**Date of Absence:** \_\_\_\_\_

**Faculty Name:** \_\_\_\_\_

**Faculty Email:** \_\_\_\_\_

**Assignment/Exam (if applicable):** \_\_\_\_\_

**Reason for Absence:** \_\_\_\_\_

Please make sure to send this information for ALL classes missed during the extent of your absence. Please also make sure to include your N number in all communications.

All other issues, questions, or concerns regarding an extended leave, Medical or Counseling Leave of Absence please schedule an appointment with:

**Deanna Rayment**

Coordinator of Student Advocacy, Compliance and Student Affairs

Office of Student Affairs

646-997-3046 Phone

646-997-3974 Fax

raymed01@nyu.edu