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. 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: ______________________________________

[1 of 2]
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

[3 of 2]