

THE UNIVERSITY OF IOWA
Explanatory Statement for Absence from Class

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1. Student name and student number _____
 2. Department, course and section _____ Date of Absence _____
 3. Name of Instructor _____
 4. Reason for absence _____
 5. In case of absence due to illness, answer the following:
 - (a) Did you visit the Health Service? _____ When? _____
 - (b) Did you see another doctor? _____
Doctor's name _____
 - (c) If your answers to (a) or (b) are "NO", can you give the name of someone who can vouch for the fact that you were ill?
Name of person _____

Address _____

Telephone number _____

I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event the above facts are found to be falsified.

SIGNATURE

DATE