

ECN 310 – Immediate Family Member Death Exception Request Form

Submission Deadline: At least 3 days before the missed class

To be completed by: Student

Student Information

- Name: _____
- ASU ID: _____

Family Member Information

- Relationship to Student: ☐ Parent ☐ Sibling ☐ Child ☐ Spouse
- Full Name of Deceased: _____
- Date of Death: _____

Required Documentation

☐ Death certificate is attached (required).

☐ I confirm that the information provided is accurate and pertains to an immediate family member as defined by the policy.

Signature: _____

Date: _____