

ECN 310 – Illness-Related Absence or Deadline Extension Request Form

Submission Deadline: At least 1 day before the missed class

Note: Section 2 must be completed and signed by a licensed medical professional **OR** the student may attach a separate signed and dated note from the medical professional that provides all of the information requested in Section 2.

Section 1: Student Information

- Name: _____
- ASU ID: _____
- Date(s) of Absence/Conflict: _____

Section 2: Medical Professional Information

- Name: _____
- Facility Name: _____
- Phone: _____

☐ I confirm that the above-named ASU student is under my care, and that their medical condition warranted absence from class and/or the inability to complete assigned work for the dates specified.

Signature: _____

Date: _____