



## EMERGENCY ABSENCE REQUEST

Pacific Islands University

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

Date: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

Date leaving PIU: \_\_\_\_\_

Date of return to PIU: \_\_\_\_\_

Academic VP Signature: \_\_\_\_\_

Inform each of your professors and obtain their signatures on the lines below. You will be responsible for all work missed while away. Ask each professor what they expect for you to complete for each class and when it will be due upon your return.

Professor's signature	Assignments	Comments
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
7. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
8. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Return to registrar.

Registrar's signature: \_\_\_\_\_