



The Ohio State University



Explanatory Statement for Absence from Class

1. Student Name and OSU ID Number: _____

2. Department, Course and Section: _____

3. Date (s) of Absence: Start: _____ End: _____

4. Name of Instructor: _____

5. Reason for Absence: _____

6. In case of absence due to illness, answer the following:

a. Did you visit OSU Student Health Services? Yes No Date _____

b. Did you see another doctor? Yes No Date Seen: _____

Doctor's Name: _____

c. If your answer to both (a) and (b) is "NO", can you give the name of someone who will vouch that you were ill? Yes No

i. Name of person: _____

ii. Address: _____

iii. Phone 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: _____