



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: _____