



# BRYN ATHYN COLLEGE

## Extended Absence Worksheet

One worksheet is required for each course

This form accompanies your request to take an extended absence from classes for one to three weeks. It needs to be filled out by you and your instructor for each course in which you are currently enrolled. Once you have completed the process and all portions of this worksheet have been signed and dated by appropriate parties, please submit a copy of this form (one for each of your courses) to the Registrar's Office as well as the 'Request for an Extended Absence' and a copy of your current course schedule.

To be approved for an extended leave of absence students must first make a plan with their instructors to keep up with assignments. Making up missed work is entirely the student's responsibility. Instructors are not expected to set up extra meetings with students who miss classes.

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

Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

What are the start and end dates of your absence? \_\_\_\_\_

**STEP 1: Student Portion.** Please list how many classes you will be missing and describe your plan to keep up with this course.

\_\_\_\_\_  
\_\_\_\_\_

**STEP 2: Student Portion.** Indicate any tests or other class assignments you will be missing and how you plan to make up for them. Your plan must be acceptable to the course instructor.

\_\_\_\_\_  
\_\_\_\_\_

**STEP 3: Student Portion.** Will you be away during the due date for any papers or other returns? If so, are you requesting an extended deadline (date specified below) or will you be still submitting your paper via e-mail by the due date?

\_\_\_\_\_  
\_\_\_\_\_

**STEP 4: Faculty Portion to be discussed with student.** How will this extended absence affect the participation grade for this course? How will it be counted in regard to the attendance policy for this course?

\_\_\_\_\_  
\_\_\_\_\_

**STEP 5: Faculty Portion to be discussed with student.** In the event that a student's extended leave of absence occurs near the end of a term, will the student need to request an incomplete for this course? If so, please specify the date the final grade will be entered into Sonis. Note the incomplete policy in the student handbook.

\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:** Course Instructor: Please sign below if you approve the extended leave of absence for your course.

Please note any conditions on the back of this form.

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

cc: advisor