



Student Ombudsperson Services (S.O.S.)
2008 Webb University Center
Norfolk, VA 23529
757-683-3442
FAX: 757-683-5715
Email: SAHearsU@odu.edu

REQUEST FOR CLASS ABSENCE NOTIFICATION

This form must be submitted with documentation to Student Ombudsperson Services (S.O.S.) no later than five business days following the absence. Requests will not be accepted after the last day of classes.

Student Name: _____
Last First Middle

University ID No: _____ Class Standing (Fr.So.Jr.Sr) _____

Current Address: _____ Daytime Phone: _____
Street Address

City State Zip Code

Email Address: _____

Dates of absence(s): _____

Reason for absence(s): **SUPPORT DOCUMENTATION IS REQUIRED**

- Extended periods (at least one week) of physical or mental illness
- Extended periods (at least one week) of physical or mental illness of immediate family member
- Death of immediate family member
- Other: Please explain _____

Student's Signature/Date: (required) _____

Disclaimer: When the Student Ombudsperson Services Office (or other offices) agrees to issue absence notices, these notices do not "excuse" the absence, nor do they guarantee that the student will be permitted to make up tests or other missed assignments. The absence notice simply documents that the student's illness or other circumstances indicate that the student is/was unable to participate in class for the designated period of time. The authority to excuse absences rest with the instructor whose decision is final.

Student Ombudsperson Services
Request for Class Absence Notification
Policy Information

Policy Statement:

The Office of Student Ombudsperson Services (S.O.S.) will provide class absence notification to professors if a student misses at least one week of classes due to physical or mental illness; physical or mental illness of immediate family member; and death of immediate family member. "Immediate family" is defined as parents, spouse, children, brother or sister, or any relative living in the household of the student. Stepparents, stepchildren, and stepsiblings are included in the definition of "immediate family." The student must submit the request and appropriate documentation to the Student Ombudsperson within **five** business days following the absence. **Please note that Request for Class Absence Notification will not be accepted after the last day of classes.**

The Student Ombudsperson will not provide class absence notification for periods of less than one week. In the case of brief, self-limiting illnesses (i.e. Colds, minor sore throats, etc.), it is the student's responsibility to notify instructors of illnesses and make arrangements regarding missed assignments.

Request Process:

- ❑ Requests and documentation must be submitted in writing within **five** business days following the absence to the Student Ombudsperson Services Office in 2008 Webb Center
- ❑ Once requests have been validated, the student's course instructors will be notified by memorandum of the absence on his/her behalf
- ❑ Requests are reviewed on a continuous basis. Depending upon the complexity of the request and receipt of all supporting documentation, the process time may vary from two to five days.
- ❑ For information on the Request for Class Absence Notification process, please contact S.O.S. at (757) 683-3442, visit the website at: <http://studentaffairs.odu.edu/sos/> or email: SAHearsU@odu.edu.

Request for class absence notification will generally be accepted for the following reasons as long as the request and supporting documentation is received within the specified deadline.

- ❑ Extended periods (at least one week) of physical or mental illness of the student (including hospitalization)—documented by a physician's statement or other medical support on official letterhead
- ❑ Extended periods (at least one week) of physical or mental illness of the student's immediate family member (including hospitalization) who is dependent upon the student for support—documented by physician's statement or other medical support on official letterhead
- ❑ Death of a student's immediate family member, as defined above, with certification.

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I understand and agree to all of the above terms and conditions.

Name: (Print): _____

Signature: _____

Date: _____

Revised July 2008