



**Tzu Chi University  
Excused Absence Form (University Part)**

\_\_\_\_\_  
Last or Family Name                      First                      Middle                      Student ID#

The Department/Institute \_\_\_\_\_

**The reason for excused absence:**

- Official duty    Illness    Personal    Bereavement    Wedding    Maternity    Late for class

**The type:**

- I am not able to attend class(es)    I will be late for enrollment    I can't take a coming exam  
 I will miss a coming event of \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
(mm/dd/yyyy) ( \_ AM or \_ PM)                      (mm/dd/yyyy) ( \_ AM or \_ PM)

Date	Periods	Class Title	Date	Periods	Class Title

Comment from other administrative office(s): \_\_\_\_\_

**Signatures:**  
Student \_\_\_\_\_ Date \_\_\_\_\_  
Adviser \_\_\_\_\_ Date \_\_\_\_\_  
Dept. Chair/Inst. Dir. \_\_\_\_\_ Date \_\_\_\_\_  
Life Guidance Chief \_\_\_\_\_ Date \_\_\_\_\_  
Dean of Student Affairs \_\_\_\_\_ Date \_\_\_\_\_  
Dean of Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_  
President \_\_\_\_\_ Date \_\_\_\_\_



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From \_\_\_\_\_ to \_\_\_\_\_  
(mm/dd/yyyy) ( \_ AM or \_ PM)                      (mm/dd/yyyy) ( \_ AM or \_ PM)

\_\_\_\_\_  
Authorized Signature                      Print Name                      Date

**Note:**

**1. Authorization of approval:**

Period of Absence	Approval(s) Required					
	Adviser	Life Guidance Chief	Dept. Chair/Inst. Director	Dean of Student Affairs	Dean of Academic Affairs	President
1 day or less	X					
2 or 3 days	X	X	X			
4,5, or 6 days	X	X	X	X		
7 days or more	X	X	X	X	X	X

- The application must be filed in with adequate documents as evidence. A physician's certificate is required for illness leave for over one day period.
- Illness leave may be applied for within three days of recovery. All other categories of leave should be applied for in advance in person.
- All leave applications should be made by the applicant, not through authorization.