HOWARD COLLEGE

Request for Absence due to Religious Holy Day

Student Name:				
	Print N	lame		Signature
Student ID:				
Religious Holy Day:				
Date and time of abse	ence requested	:		
Letter of verification of	of the observed	I holy day fron	n the religious	s institution attached:
	Yes		No	
after the absence only	y if the student he student mu	: has notified t st adhere to tl	he instructor(ne provisions	of Section 51.911 of the
Please have each of y absence and submit to	•	, -		tion of your proposed
Faculty Name (printed) and Signature				Date
Faculty Name (printed) and	d Signature			Date
Faculty Name (printed) and	d Signature			Date
Faculty Name (printed) and	d Signature			Date
Faculty Name (printed) and	d Signature			Date
Faculty Name (printed) and	d Signature			Date
Approved:Student	Services Officer S	ignature		