



CLEVELAND INSTITUTE OF MUSIC

ABSENCE FROM CLASSES NOTICE FORM

Name: \_\_\_\_\_ Degree Program/Year: \_\_\_\_\_

I will be absent from classes from \_\_\_\_\_ to \_\_\_\_\_
(date) (date)

for the following reason:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

I have notified my instructor(s) and I am aware that I must make up any work I will miss. I have familiarized myself with the CIM Attendance Policy of the CIM Student Handbook and I am aware that only the instructor of the course grants an "excused absence." Students remain subject to each instructor's absence policies.

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

Major Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

X \_\_\_\_\_ Date: \_\_\_\_\_
Signature of Classroom Instructors (e.g. Dalcroze, Theory, Chamber Music, Orchestra, etc.)

X \_\_\_\_\_ Date: \_\_\_\_\_
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