University of Missouri-St. Louis
Absence Report

Semester:__________________

Date:______________________

To The Instructor:
Complete the following for any student who has failed to attend three (3) consecutive class meetings. Our office will inform the student of your report.

__________________________  ______________________
(Student Name)                (Student Number)

If you wish, retain a copy of this form for your records, and forward the original to the Registration Office, 351 MSC.

_________________________
(Instructor’s Signature)

To The Student:
As indicated above you have been reported absent from class. Please call 516-5545, or come into the Registration Office (351 MSC), if this report is due to a registration error. Failure to clarify this matter early during the semester (session) may result in the issuance of a grade of “F” or “Y”.

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