



EMERGENCY ABSENCE REQUEST

Pacific Islands University

Name: _____

Date: _____

Reason for request: _____

Date leaving PIU _____

Date of return to PIU _____

Academic Dean's signature: _____

Inform each of your professors and obtain their signature. You will be responsible for all work missed while you are away. Ask each professor what he/she expects you to complete for each class and when it will be due upon your return.

Professor's signature:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Assignments given:

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Return to registrar.

Registrar's signature: _____