Section 1. Purpose of Form

Should an absence occur as the result of an illness or medical appointment, please contact your instructor as soon as possible. The Medical Excuse Policy explains that we do not provide excuse notes. The Medical Absence Excuse form below may be used for self-verification of an illness that can be used to begin a dialogue with your instructor.

Section 2. Statement for Absence of Class- Self Verification Form

Please fill out one form per class/course

1. Student Name (First, Last):_____________________________________________
2. USC Student ID:______________________________________________________
3. Department and Course:_______________________________________________
4. Date(s) of Absence (MM/DD/YY):________________________________________
5. Name of Instructor:___________________________________________________

I certify that the above facts are true, to the best of my knowledge and belief, and I understand that I subject myself to disciplinary action in the event the above facts are found to be falsified.

Student Signature: ___________________________Today’s Date: ____________________ (MM/DD/YY)