



BBS Educational Programs Office Health Science Centre, Room 4H30, 1280 Main Street West Hamilton, Ontario, L8S 4K1

(905) 525-9140, Ext. 22059

bbsug@mcmaster.ca

biochem.healthsci.mcmaster.ca

## NOTIFICATION OF ABSENCE FORM

This form is to be used in accordance with the Senate's <u>Policy on Requests for Relief for Missed Academic Term Work.</u>
A student has three (3) working days after the missed coursework to complete and return this form.

Name:	Student Number:					
Program & Lev	vel:	Today's Date:				
Academic Terr	m:					
	Indicate the <b>REA</b>	SON FOR I	MISSED COURSEWORK below:			
Medical /	'Illness Berea	vement(l	oss)/Compassionate	Personal		
		*PLEASE	PRINT CLEARLY*			
<b>OURSE CODE</b> e. CHEM 1AA3)	ACADEMIC WORK MISSED (i.e. Quiz, Test, Essay)	% OF WORK	E-MAIL OF THE INSTRUCTOR/ PERSON WHO NEEDS TO BE NOTIFIED	DATE OF MISSED WORK	ONLINE OR IN-PERSON	
*Note - Student must i	nitial beside each item belov	y to indicate	their understanding and agreement, o	and sian & date the form.*		
	This information provide					
	I will follow all instructions carefully and completely.					
	I will ensure I have an active McMaster email account.					
	I will ensure that the correct email address is used to notify instructors. I will contact my instructor immediat					
	regarding my missed work.  I understand that an MSAF cannot be used for academic work that has already been completed or attempt					
Failure to comply			be used for academic work that ha forfeiting any consideration made	•	or attempted	
Signature:		Date:				
		EOP O	FFICE USE ONLY			
Processed?		FUR U	Signature:			

The information gathered on this form is collected under the authority of The McMaster University Act, 1976. The information is used for the academic, administrative, and statistical purposes of the Faculty of Science including, but not limited to, maintaining records; academic counselling and the administration of examinations. Personal student information provided on this form will not be used for any unrelated purpose without the consent of the student. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Associate Dean, Faculty of Science, Burke Science Building, Room 136, McMaster University.