



## William R. Harvey Leadership Institute

### Absence/Tardiness Notification

Student Name: \_\_\_\_\_ Date of Absence: \_\_\_\_\_  
Class: \_\_\_\_\_ HU ID#: \_\_\_\_\_  
Professor: \_\_\_\_\_

Reason for Absence/Tardiness\*\*:

---

---

---

---

---

---

---

---

---

---

**\*\* Documentation must remain attached to this form**

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

\_\_\_\_\_  
Date

Professor Signature: \_\_\_\_\_

Accepted

Not Accepted

\_\_\_\_\_ Date

Cynthia Thomas: \_\_\_\_\_

Academic Coordinator

Accepted

Not Accepted

\_\_\_\_\_ Date

Dr. Desiree Williams \_\_\_\_\_

Director

Accepted

Not Accepted

\_\_\_\_\_ Date