Northern Oklahoma College
Concurrent Student Excused Absence Request Form
(This request must be submitted and approved prior to the absence.)

Student Name: ___________________________ Date of Request: ____________

High School: __________________________________________________________

Title of High School Event: ____________________________________________

Course Title of Class To Be Missed: ______________________________________

Class Time: ___________________________ Date of Absence: ____________

Instructor: ____________________________________________________________

Briefly explain the rationale for the absence
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Signature - High School Event Sponsor ___________________________ Date ________ Phone Number ________

Signature - High School Principal ___________________________ Date ________ Phone Number ________

Signature - Instructor of NOC Class to be Missed ___________________________ Date ________ Phone Number ________

Signature - NOC Office of Academic Affairs ___________________________ Date ________