HOWARD COLLEGE

Request for Absence due to Religious Holy Day

Student Name: ________________________________  Print Name ___________________  Signature __________________

Student ID: ________________________________

Religious Holy Day: ________________________________________________________________

Date and time of absence requested: ________________________________

Letter of verification of the observed holy day from the religious institution attached:

☐ Yes  ☐ No

Examinations or assignments scheduled for that day may be completed within one week after the absence only if the student has notified the instructor(s) in writing of the proposed absence. The student must adhere to the provisions of Section 51.911 of the Texas Education Code and to Howard College Student Handbook procedures.

Please have each of your instructor(s) sign this form as notification of your proposed absence and submit the form to the Executive Dean:

Faculty Name (printed) and Signature ________________________________  Date ____________

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Faculty Name (printed) and Signature ________________________________  Date ____________

Faculty Name (printed) and Signature ________________________________  Date ____________

Faculty Name (printed) and Signature ________________________________  Date ____________

Approved: ________________________________  Student Services Officer Signature __________________

Date ____________

1/20/15 arb