DCTC STUDENT ABSENCE FORM

To:

Date:

______________________________________________      ________________________
Student’s Name       Course Number

<table>
<thead>
<tr>
<th>DEPARTURE DATE</th>
<th>TIME*</th>
<th>DESTINATION/EVENT</th>
<th>RETURN DATE</th>
<th>RETURN TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Departure times refer to the time when student’s transportation leaves from campus.
Please note that dates and times may be subject to change. I am responsible for updating you of any changes.

STUDENT ABSENCE FOR COLLEGE-SANCTIONED ACTIVITIES

Participation in co-curricular activities is an important component of a student’s college education. The faculty of Dakota County Technical college value and support participation in activities such as, but not limited to, intercollegiate athletics, field trips, conferences, and student government. It is a student’s responsibility to submit a “Student Absence Form” to his/her instructor identifying the scheduled absences as early as possible during each semester. It is the student’s responsibility to fulfill the requirements of the missed class work in a timely manner. Students are responsible for the material covered in all classes, whether or not they are able to attend.

I understand that it is my responsibility to make necessary arrangements prior to my absence to fulfill the requirements of this course.

______________________________________________
Student signature       Date