



Request for Extended Absence

Student name _____ ID# _____ Date _____

When unavoidable circumstances require students to have an extended absence from all classes (more than one week or the equivalent for evening or accelerated courses), students must submit a request for extended absence. An extended absence may be granted for a medical emergency (including concussions and surgery), mental health crisis, family emergency (death in the family, serious illness/accident), visa delays, jury service, military service or other documented extenuating circumstances. See the [Extended Absence policy](#) for more detail.

The following are examples of activities that **do not** qualify for an extended absence:

- Travel schedules or delays, including transportation challenges
- Family vacation or events
- Extra-curricular activities, such as non-GC athletic events or arts performances
- Technology issues
- Non-academic work conflicts

Process to request an Extended Absence:

1. Student completes the rationale portion of this form, in conversation with the advisors and professors, and attaches documentation.
2. Student submits completed request to the Academic Dean's office in AD13 or dean@goshen.edu.
3. The Associate Academic Dean reviews the petition and, if approved, scans and emails copies of the approved contract to student, professors, and advisors.
4. Student and professor complete and sign a learning plan for each class. Professors should sign the plan and students should email a copy to dean@goshen.edu.

Beginning date of absence: __/__/__

Ending date of absence: __/__/__

- **Rationale for an Extended Absence** *(completed by student)*

Describe the illness, accident, or other unusual hardship beyond the student's control that requires extended absence from classes (more than one week or the equivalent for evening or accelerated courses). Please attach appropriate documentation, such as a health provider's note (including athletic trainer information), official notice of jury duty, or other appropriate references verifying unavoidable absence. Include potential factors that might change the dates of absence.

Upload documentation in this [Google folder](#) or attach to email:

- **Course information** *(completed by student)*

Provide course information so that we can contact your professors with any questions. In the notes section, please provide any additional information from the syllabus or your conversation with the professor that demonstrates your ability to complete the material covered during your absence.

Course # and Name	Professor	Date of Consult	Comments

Commitment:

I understand the requirements of the Extended Absence policy and verify that the information provided here is accurate. By signing this request, I agree to

- Participate actively in course activities outlined in my learning plans,
- Complete all assignments or examinations by the due dates indicated in my learning plans, and
- Communicate promptly with faculty about any circumstances impacting my work or submit a request for extension at least 3 days prior to a due date.

Student Name: _____ **Date:** _____

Requests should be submitted at least 2 weeks prior to the planned absence. When the absence is the result of an emergency, the request may be submitted during or as soon after an unplanned extended absence as possible. If a student is unable to complete the form, a GC employee (i.e. athletic trainer or director of health and wellness) or a family member should contact the AAD directly to discuss the situation and ways to process the need for emergency extended absence notice. Requests submitted after the term has ended will not be considered.

Associate Academic Dean processing
date

1/2023
