

# MSPE Seminar Absence Approval Form

Seminar Date: \_\_\_\_\_

I am/was not able to attend the above seminar due to the following reason (*select one*):

**Course Conflict** (*enter additional information below*)

Course (*including section*): \_\_\_\_\_

Explain conflict: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Illness** (**Note:** *Student must go to the McKinley Health Center and request a confirmation letter, which verifies their doctor's visit, and submit it along with this form.*)

**Personal Reasons** (*enter additional information below*)

Explain conflict: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name (*Last name, First Name*): \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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*For MSPE office use only:*

Approved by:  
MSPE Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Valid Reason  Invalid Reason  Late Cancellation  No Show

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_