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

Student Name:	Date of	Date of Request:	
High School:			
Title of High School Event:			
Course Title of Class To Be Missed:			
Class Time: Dat	te of Absence:	) 1	
Instructor:	1	8 4	
Briefly explain the rationale for the absence			
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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		