



**INSTITUTE OF AMERICAN INDIAN ARTS  
PRE-ARRANGED ABSENCE(S) FORM**

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

Student Name: \_\_\_\_\_ will be absent on:  
Last, First

\_\_\_\_\_ for the following reason(s):  
 (Dates of Absence(s))  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The Instructor's signature below indicates these absences are EXCUSED.

Course #	section	Cr.	Course Title	Faculty Signature	Date

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date

**Please return this form to the Jeminie Shell in the Student Success Center.**