



# UNIVERSITY OF MINNESOTA

## Self-Reporting of Medical Absence from Class

*To be completed by student and given to instructor. Use one form per class.*

Students are not required to provide medical documentation. It is sufficient for students to communicate with the instructor via email, phone, or in person regarding the nature of their absence and any request for makeup work. Students may use this form when an instructor requests verification. Refer to the policy for details about requirements for other types of absences.

Name:

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University ID Number:

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Semester or Session:

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Course Number:

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Instructor Name:

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Date(s) of Absence:

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*By signing below, I attest that I am/was unable to attend class due to illness (e.g., fever, diarrhea, vomiting, headache, etc.) that significantly impairs/impaired my ability to participate and/or perform in academic activities, or which would have placed my fellow students and instructors at significant risk for contagion (e.g., influenza, norovirus, or other infectious conditions). I understand that I am subject to disciplinary action if I have provided false or misleading information on this form.*

Signature\*:

Date:

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\* A signature is required on this form unless submitted electronically from your University of Minnesota email account. In those instances you may type your name in the signature field.

Please refer to the *Makeup Work for Legitimate Absences* policy for additional information including a FAQ: <https://policy.umn.edu/education/makeupwork>.