

Fort Hays State University

FHSU Scholars Repository

Commencement Programs & Materials

Archives Online

7-30-1954

1954 Commencement Ritual, Absences - Summer

Fort Hays Kansas State College

Follow this and additional works at: <https://scholars.fhsu.edu/commencement>

Recommended Citation

Fort Hays Kansas State College, "1954 Commencement Ritual, Absences - Summer" (1954).
Commencement Programs & Materials. 387.
<https://scholars.fhsu.edu/commencement/387>

This Document is brought to you for free and open access by the Archives Online at FHSU Scholars Repository. It has been accepted for inclusion in Commencement Programs & Materials by an authorized administrator of FHSU Scholars Repository.

REPORT OF ABSENCE

Sent To:

Degree Candidates,

Faculty Members on campus

1931

1. Name of student absent

2. Home address

3. Occasion for absence—check which: (A) () Illness of Student; (B) () Sick in the immediate family; (C) () Death in immediate family; (D) () College Service; (E) () Other necessary service.

A. () Nature of student's illness

B. () or C. () In case of illness or death of student's immediate family

E. () or F. () Nature of the service

Who? Has doctor seen student? () or indisposed ()

Name of person reporting student's absence

Relationship

Person in charge of student's rooming house

Name of person reporting student's absence

Faculty member or other person requiring the service

Address

Tel. No.

Time at which service will be performed

Classes and hours the student will miss

Name of person reporting

Address

Tel.

CERTIFICATE OF AUTHORITY

I hereby certify that the above statement of cause for absence is the true cause for the absence above stated and I stand authority for excuse that may be issued.

Signed

REPORT OF ABSENCE

1. Name of student absent..... Date.....1931
2. Hays address..... Telephone No.....
3. Occasion for absence—check which: (A) () Illness of Student; (B) () Sickness in the immediate family; (C) () Death in immediate family; (D) () College Service; (E) () Other necessary service.
- A. () Nature of student's illness.....
 Sick in bed () or indisposed ()? Has doctor seen case?..... Who?.....
 Name of person reporting student's absence.....
- B. () or C. () In case of sickness or death in family, who?.....
 Relationship..... Where?.....
 Person in charge of student's rooming house.....
 Name of person reporting student's absence.....
- E. () or F. () Nature of the service.....
 Faculty member or other person requiring the service.....
 Address..... Tel. No.....
 Time at which service will be performed.....
 Classes and hours the student will miss:.....
 Name of person reporting..... Address..... Tel.....

CERTIFICATE OF AUTHORITY

I hereby certify that the above statement of cause for absence is the true cause for the absence above stated and I stand authority for excuses that may be issued.

Signed.....

.....
 Official relationship to the cause for absence.