



Request for Extended Absence

POLICY OVERVIEW

When unavoidable circumstances require students to have an extended absence from all classes (more than one week or the equivalent for evening or accelerated courses), students must submit a request for extended absence. An extended absence may be granted for a medical emergency, mental health crisis, family emergency (e.g. death in the family, birth of a child), visa delays, jury service, military service or other documented extenuating circumstances. See the extended absence policy for more detail.

The following are examples of activities that do not qualify for an extended absence:

- Travel schedules or delays, including transportation challenges
- Family vacation or events
- Extra-curricular activities, such as non-GC athletic events or arts performances
- Technology issues
- Non-academic work conflicts

Process to request an Extended Absence:

1. Student completes this form, in conversation with the advisors and professors when possible, and attaches documentation.
2. Student submits completed request to the Academic Dean's office in AD13 or dean@goshen.edu. Requests should be submitted at least two weeks in advance, except in the case of emergencies.
3. The Associate Academic Dean reviews the petition and, if approved, emails the approved contract to student, professors, and advisors along with a learning plan template.
4. Student and professors complete a learning plan for each class. Student or advisor should submit the completed learning plan to the dean's office, AD 13, or dean@goshen.edu.

EXTENDED ABSENCE REQUEST FORM

Student name: _____ ID Number: _____

Beginning date of requested absence: _____ Ending date of requested absence: _____

Rationale for an Extended Absence

Describe the illness, accident, or other unusual hardship beyond your control that requires extended absence from classes. Please attach appropriate documentation, such as a health provider's note, official notice of jury duty, or other appropriate references verifying unavoidable absence. Include potential factors that might change the dates of absence.

Course Information

Provide course information so that we can contact your professors to notify them if your absence is approved and share a learning plan document to be completed collaboratively.

Course Number and Name	Professor

Commitment

I understand the requirements of the extended absence policy and verify that the information provided here is accurate. By signing this request, I agree to

- Participate actively in course activities outlined in my learning plans,
- Complete all assignments or examinations by the due dates indicated in my learning plans, and
- Communicate promptly with faculty about any circumstances impacting my work or submit a request for extension at least 3 days prior to a due date.

Student's Signature: _____ Date: _____

You may type your name and send from your Goshen College email in place of a signature.

REQUEST APPROVED?

Yes No

Associate Academic Dean Signature: _____ Date: _____