



THE CATHOLIC UNIVERSITY OF AMERICA
Benjamin T. Rome School of Music
Washington, DC 20064
202-319-5414
Fax: 202-319-6280
<http://music.cua.edu>

REQUEST FOR EXCUSED ABSENCE FROM ENSEMBLE REHEARSAL

Student's Name _____ Student ID _____

Ensemble: MUS _____ Title: _____ Section _____

CUA Email _____ @cardinalmail.cua.edu Major: _____

DATE OF REQUESTED ABSENCE _____

REASON FOR REQUEST:

After-the-fact requests for absences must be filed within one week of the date of absence.

Attach any documentation and email which would facilitate processing of this request.

Signature of Instructor _____ Date _____

() APPROVED () DENIED () REFERRED TO DEAN INITIAL: _____