
DEPARTMENT OF CAMPUS RECREATION

Revised Spring 2011

Stony Brook University
DEPARTMENT OF CAMPUS RECREATION
(G-7 Sports Complex
(631) 632-4145

TO: Faculty

FROM: Department of Campus Recreation

RE: Excused Absences Due to Participation in Approved University Activities

This is to inform you that _____ is a member of the
(Student's Name)
Sport Club _____
(Sport)

This student athlete will be participating in the following event: _____
on the following date: _____ at _____ a.m./p.m. He/She will be
departing Stony Brook University on (date) _____ @ _____ am/pm and will be
returning to campus on (date) _____ @ _____ am/pm.

This student requests to excused from the following classes. (It is understood that the student is responsible for the material covered in class during the absence and is willing to make up the work prior to leaving or upon return)

| Course Name & Number | Meeting Days | Meeting Times | Professor |
|----------------------|--------------|---------------|-----------|
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Signature of Student : _____ **Date:** _____

VERIFIED BY: _____
Marie Turchiano, Associate Director of Campus Recreation

Stony Brook University Department of Campus Recreation

G-7 Sports Complex • Stony Brook University • Stony Brook, New York 11794 • 631-632-4145
