



## Self-Verification Statement for Absence from Class

1. Student name: \_\_\_\_\_
2. Coyote ID number: \_\_\_\_\_
3. Date(s) of absence(s): \_\_\_\_\_
4. Reason for absence(s): \_\_\_\_\_
5. In case of absence due to illness, answer the following:
  - a. Did you have a medical appointment at the CSUSB Student Health Center:  No  Yes,  
Date: \_\_\_\_\_. Please attach verification of appointment, which you can receive at the  
SHC front desk.
  - b. Did you see another doctor/medical provider:  No  Yes, Date: \_\_\_\_\_  
Doctor's/Medical provider's name: \_\_\_\_\_
  - c. If your answer to both (a) and (b) is "NO" can you give the name of someone who will vouch  
that you were ill?  No  Yes  
Name of person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

I certify the above facts to be true, to the best of my knowledge and belief, and I understand that I subject myself to disciplinary action under the Student Code of Conduct in the event that the above facts are found to be falsified.

Signature of student: \_\_\_\_\_

Date: \_\_\_\_\_