مدينة زويل للعلوم والتكنولوجيا
Zewail City of Science and Technology

Office of Student Affairs

CLASS EXCUSE FORM

Student Name: ----------

Student ID: ----------

Telephone number: ----------

Email: ----------

Professor name: ----------

Class: ----------

Date: / /

Reasons:

N.B.
Steps to be followed by the student:
1. Receive the form from the Office of Student Affairs.
2. Receive approval from the Medical Division then the Student Affairs.
3. Submit a copy to the professor/s.

Medical Division

Student Affairs

Date: