



DE LA SALLE MEDICAL AND HEALTH SCIENCES INSTITUTE

DLSMHSI is a CHED Autonomous HEI and an
Associate Member of Asean University Network - Quality Assurance

ACADEMICS COLLEGE OF MEDICAL LABORATORY SCIENCE

CMLS FORM 100: EXCUSE FOR SCHOOL ABSENCE

Date Filed: _____

Name of Student: _____ Contact Number/s: _____

Course/Year/Section: _____

Date of Absence/s: _____

Please check one of the following:

- | | |
|---|---|
| <input type="checkbox"/> Illness/Injury | <input type="checkbox"/> Doctor's Appointment |
| <input type="checkbox"/> Death or Illness in the Family | <input type="checkbox"/> Inclement Weather |

Others, please specify: _____

I hereby certify that the aforementioned student was absent on the date/s listed for the reason specified.

Signature over Printed Name of the Parent/Guardian

Note: Kindly attach the supporting documents.
Accomplish in two (2) copies: 1-College/Department, 1-Student

ACTION TAKEN

() EXCUSED

() UNEXCUSED

Special Instructions:

NOTED:

Rolando M. Reyes, RMT, MD, MHPEd, FPCS, FPSGS, FPALES
Dean

