



SUNY Potsdam Student Government Association

9001 Barrington Drive
SUNY Potsdam
Potsdam NY 13677
315.267.2588

For Office Use Only:

Date Received _____ Initials _____

ABSENCE EXCUSAL FORM

I, _____, _____ of the SGA, will be unable to attend the
Name Title

_____ meeting on _____.
Assembly / Senate Date

Please excuse this absence, which is due to:

- ___ Illness
- ___ Scheduled Academics (excluding homework; please include copy of schedule)
- ___ Work
- ___ Other (please explain)

Signature _____ Date _____

Signature of President of Assembly _____ Date _____

Danielle McMullen

Signature of President of Senate _____ Date _____

Leanne Merrill