

Cape Fear Community College
Medical Sonography
Absent Report Form

Student Name: _____

Clinical Site: _____

Today's Date: _____

Date(s) Absent: _____

Reason for Absence:

***Documentation of reason for absence should be attached to this form or it will be considered unexcused.**

****This form must be faxed to a program faculty member the morning following the absence. Fax: 910-362-7087**

*****Original forms should be turned in on the following class day.**

Student Signature: _____ Date: _____

Program Faculty Signature: _____ Date: _____

Excused _____

Unexcused _____