



# INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC. (ICFHI)

## Graduate School for Public Health

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### FORM 4.0 EXCUSE SLIP

Name of Student: \_\_\_\_\_ Year Level: \_\_\_\_\_

Date of Absence: From \_\_\_\_\_ to \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

Supporting document:

\_\_\_\_\_ Medical form from physician

\_\_\_\_\_ Official Letter from affiliated office/institution/agency

\_\_\_\_\_ Others, please specify \_\_\_\_\_

Submitted by:

\_\_\_\_\_  
PRINTED NAME AND SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE SUBMITTED

### TO BE FILLED UP BY THE SCHOOL OFFICIAL

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Pending: \_\_\_\_\_

Reason/s for disapproval/pending

NOTED BY:

**ELSIE LYNN BARONIA-LOCSON, MD, MPH, MSC, FPPS**

Executive Director and Dean