

OPEN BIBLE INSTITUTE OF THEOLOGY
ABSENTEE SLIP

NAME _____ DATE _____

DAYS ABSENT _____

MONTH _____ DATE/S _____

REASON _____

V_President/Academic Affairs' Signature

EXCUSED _____ UNEXCUSED _____

Initials of Class Instructors _____

Note: Please return to “**Absentee Slip Return**” BOX after all Instructors have signed.

Jan 2012
Rev 2

F6