

Please email the form to AcademicAffairs@juilliard.edu

Part I – Student Information

Name _____ Date _____
First Middle Last

Student ID _____ Student Mailbox # _____
(Put N/A if unknown) (Put N/A if unknown)

Program of Study (UN/GR/AD/DMA) _____ Year (1st/2nd/3rd/4th) _____

Major _____ Major Teacher _____

Email _____ Contact Number _____

Are You an International Student? Yes No

Do/Will You Live in The Residence Hall? Yes No

Part II – Late Arrival Information

Date(s) of Requested Absence: From _____ Through _____

The Date & Time You Will Arrive at School: Date: _____ Time: _____

Academic Standing: Good Standing Concern Warning
(For Returning Student Only)

Reason for Late Arrival: Medical Professional Personal

Please Describe the Reasons for Your Late Arrival Request:

Supplemental/Supporting Materials:

If the reason for your late arrival is professional, please provide proof of evidence such as contracts.
If the reason for your late arrival is medical, please provide proof of evidence such as a note from your doctor.

Part III - Signatures

Student Date: _____

Office of Academic Affairs Date: _____