

Instructor Absence from Class Form

To be submitted to Department Chair prior to absence.

NAME: _____ FORM SUBMISSION DATE: _____

DEPARTMENT: _____

DESTINATION: _____

WHERE YOU CAN BE REACHED: _____

TELEPHONE (IF KNOWN): _____

Class	Date of Absence	Meeting Day(s) <i>Please Circle</i>	Class Time	Published Syllabus Activity	Class Disposition <i>Name of substitute if applicable</i>
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Instructor's Signature: _____

Department Chair's Signature: _____

Division Dean's Signature: _____