

**ABSENCE FROM CLASS - COLLEGE OF ARTS AND SCIENCES**

**\*\* Email the completed form to [coas-budget@wmich.edu](mailto:coas-budget@wmich.edu) \*\***

Today's Date:

Travel Authorization Number

Instructor Name:

Reason for absence:

Department:

Semester:

Dates of Absence:

Location: Indicate address and phone number where you may be reached.

Address/location:

Phone number

Instructional Responsibilities

Please list below classes which will be missed during absence and how instructional goals of those classes will be met.

Course number	Date(s) missing class	Class coverage

Signature of Chair/Director / Date