

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

Name: _____ **Date:** _____

Department: _____

Dates of Absence: _____

Purpose of Absence: _____

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

_____ **Phone:** _____

INSTRUCTIONAL RESPONSIBILITIES

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

Course #	Date(s)	Class Coverage
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Signature of Instructor of Record
(and Coordinator in GEOS 1000 and GEOS 1300)