

UNIVERSITY of
NORTHERN COLORADO



COLLEGE OF EDUCATION & BEHAVIORAL SCIENCES

ABSENCE FROM CAMPUS

Faculty Name:

Date Submitted:

Leaving on:	Returning on:
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Reason for absence (please be specific):

Mailing address and/or telephone number during absence:

Number of days absent:

Number of classes previously missed this semester (by class prefix):

Classes missed this trip:				
Course Numbers	Time	Days	Date	Faculty member in charge (or other arrangements)

Faculty signature

Date

Approval signature

Date