

Absence from Campus

THIS FORM MUST BE SIGNED AND DATED FOUR (4) DAYS PRIOR TO IN-STATE TRAVEL AND THIRTY (30) DAYS PRIOR TO OUT-OF-STATE TRAVEL

Name:

Date Submitted:

Reason for absence (be specific):

Mailing address or telephone number during absence

Number of days you will be gone

Number of classes previously missed this semester, by class prefix

Classes you will miss during this absence:

Course No./ Section	Hour	Days	Date	Faculty Member in Charge

Leaving on:

Returning on:

Faculty Member Signature

Date

Division Chairperson Signature

Date