

COLLEGE OF FINE ARTS AND COMMUNICATION
Faculty Absence Request

Name (Please Print) _____ Department _____

Reason(s) for absence _____

If attending a conference, please check one of the following: () on program () attending only

Classes to be missed _____ (on date) _____

_____ (on date) _____

_____ (on date) _____

Arrangements for classes _____

Person(s) responsible for classes and attendance records _____

Person(s) to act for absentee in case of an emergency _____

Faculty Signature

Department Chair Signature