



MEMORANDUM
Graduate Assistant Absence Form

TO:

FROM:

DATE:

SUBJECT: Requested Absence From Class/Lab hours (complete all the information below):

I request to be absent from class/lab hours for the following purpose:

Two horizontal lines for writing the purpose of absence.

Classes and lab hours will be missed on the following dates (list dates of absence):

One horizontal line for listing dates of absence.

Course Title: Course Title:

Course Number: Course Number:

Sequence Number: Sequence Number:

1) If the class meets, who will be responsible for conducting it?

One horizontal line for answering question 1.

2) If the class is canceled, will students be provided with an activity/assignment that substitutes for the canceled class? You may only cancel class in extreme emergencies and with permission from Dr. Zoeller.

One horizontal line for answering question 2.

3) If so, describe the activity/assignment: -

Two horizontal lines for describing the activity/assignment.

4) Who is covering your lab hours?

One horizontal line for identifying the lab hour coverage.

Signature

Date

() Denied

() Approved

Graduate Coordinator (Zoeller) Date

() Denied

() Approved

Department Chair

Date

9/22/2009

Exercise Science & Health Promotion/College of Education

777 Glades Road, Field House 11, Boca Raton, Florida 33431-0991

tel: 561-297-2839 • fax: 561-297-2938 • www.coe.fau.edu/eshp

Boca Raton • Dania Beach • Davie • Fort Lauderdale • Jupiter • Treasure Coast

An Equal Opportunity/Equal Access Institution