MEMORANDUM
Graduate Assistant/Adjunct Absence Request Form
Provide minimum two weeks prior to request

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

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

__________________________________________________________________________________________________

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

_____________________________________________________________________________________

Course Title: ___________________________________ Course Number: ___________ Sequence Number: ____________
Course Title: ___________________________________ Course Number: ___________ Sequence Number: ____________
Course Title: ___________________________________ Course Number: ___________ Sequence Number: ____________
Course Title: ___________________________________ Course Number: ___________ Sequence Number: ____________

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

________________________________________________________________

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/Dr. Graves.

____________________________________________________________________

3) If so, describe the activity/assignment:

- __________________________________________________________________
- __________________________________________________________________
- __________________________________________________________________

4) If applicable, who is covering your lab hours? ________________________________

( ) Denied
( ) Approved_________________________ ______________________
Schedule Coordinator Date

( ) Denied
( ) Approved ________________________ ______________________
Department Chair Date

2/1/2013