



Absence from Class Form

Today's Date:

Travel Authorization Number (if applicable):

Instructor Name:

Reason for absence

Department:

Semester:

Dates of absence:

Address/location during absence:

Phone number during absence:

Please list below classes which will be missed during absence and how instructional goals of those classes will be met:

Prefix and Course number	Date(s) missing class	Class Coverage

***** DO NOT WRITE BELOW THIS LINE. DEPARTMENT CHAIR/DIRECTOR USE ONLY *****

Chair/Director Signature:

Date:

****Email the completed form to coas-budget@wmich.edu****