

REQUEST FOR APPROVAL TO BE ABSENT FROM CLASS

School of Theatre and Dance
JMU

FACULTY NAME: _____

REQUESTS APPROVAL TO BE ABSENT FROM CLASSES:

FROM _____ TO _____
(DATE AND HOUR) (DATE AND HOUR)

FOR THE FOLLOWING REASON:

ADDRESS (IF STAYING OVERNIGHT OR OUT OF TOWN):

PHONE NUMBER: _____

ARRANGEMENTS FOR COVERING CLASSES ARE AS FOLLOWS:

<u>DATE</u>	<u>CLASS</u>	<u>TIME</u>	<u>PERSON COVERING</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPROVED:

SCHOOL DIRECTOR

DATE