SCHOOL OF THEATRE AND DANCE
ABSENCE APPROVAL FROM CLASS & OTHER DUTIES

PLEASE DOWNLOAD THIS FORM, COMPLETE, AND EMAIL TO AUH

FACULTY NAME: _____

PLEASE UNDERLINE THE TYPE OF ABSENCE:

- FUTURE ABSENCE
- PAST ABSENCE DUE TO SICKNESS, ETC.

PLEASE NOTE IF A CONFLICT PREVENTS YOU FROM ATTENDING A SINGLE FACULTY OR COMMITTEE MEETING, YOU DO NOT NEED TO COMPLETE THIS FORM. EMAIL THE CHAIR AND AUH INSTEAD. THIS FORM IS SPECIFIC TO CLASS ABSENCES OR DAY-LONG ABSENCES.

DATES OF ABSENCE:

REASON FOR ABSENCE:

DATE	**TIME**	**CLASS**	**COVERAGE STRATEGY (IF APPLICABLE)**