

REQUEST TO BE ABSENT FROM CLASS

Faculty Member: _____ Department/Program: _____

Date(s) of Absence: _____

Specify the reason for the absence, and how it will contribute to your professional development:

Time and date of classes to be missed:

	COURSE TITLE	CLASS DAYS	CLASS TIME
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Indicate any other times that you have requested to be absent from class during this academic year:

Indicate how students' planned course activities during your absence conform to your syllabi:

1. _____
2. _____
3. _____

Name of substitute (if non-USF faculty, give details regarding credentials or attach resume):

1. _____
2. _____
3. _____

Faculty's Signature: _____ Date: _____

Please obtain you Department Chair's recommendation before submitting this form.

FOR DEPARTMENTAL USE ONLY		RECOMMENDATION	FOR DEAN'S OFFICE USE ONLY		DECISION
_____		<input type="checkbox"/> APPROVAL	_____		<input type="checkbox"/> APPROVAL
CHAIR'S SIGNATURE		DATE	<input type="checkbox"/> DENIAL	DEAN'S SIGNATURE	DATE
_____		_____	<input type="checkbox"/> DENIAL	_____	_____