Memorandum

To: _____

From: _____

Date: _____

Subject: **Absence From Campus During Normal Office Hours**

Absent From: _____ _____ **To:** _____ _____
Date **Time** **Date** **Time**

Reason for Absence:	**Annual Leave**	**Sick Leave**	**Official Business**	**Other (explain)**
	☐	☐	☐	☐

Comments:

May be reached at:	
Address:	
Telephone:	
Your Signature:	
Title:	
Approved by:	
Date approved:	

Course(s) to be missed during absence:	**Course(s) meeting day and time:**	**Arrangements made to cover missed course(s):**