



Exercise Science and Health Promotion
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MEMORANDUM
Graduate Assistant/Adjunct Absence Request Form
Provide minimum two weeks prior to request

TO:
FROM:
DATE:
SUBJECT: Requested Absence From Class/Lab hours (complete all the information below):

I request to be absent from class/lab hours for the following purpose:

\_\_\_\_\_

Classes and lab hours will be missed on the following dates (list dates of absence):

\_\_\_\_\_

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Sequence Number: \_\_\_\_\_
Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Sequence Number: \_\_\_\_\_
Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Sequence Number: \_\_\_\_\_
Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Sequence Number: \_\_\_\_\_

1) If the class meets, who will be responsible for conducting it?
\_\_\_\_\_

2) If the class is canceled, will students be provided with an activity/assignment that substitutes for the canceled class?
You may only cancel class in extreme emergencies and with permission from Dr. Zoeller/Dr. Graves.
\_\_\_\_\_

3) If so, describe the activity/assignment: -
\_\_\_\_\_

4) If applicable, who is covering your lab hours? \_\_\_\_\_

( ) Denied
( ) Approved \_\_\_\_\_
Schedule Coordinator Date

( ) Denied
( ) Approved \_\_\_\_\_
Department Chair Date

2/1/2013