

EASTERN KENTUCKY UNIVERSITY
Richmond, Kentucky

REQUEST TO BE ABSENT FROM THE INSTITUTION

NAME (Please Print or Type) _____

_____ to _____
Hour Day Date Hour Day Date

For the purpose of: _____

HOW CLASSES ARE TO BE HANDLED:

Course	Meeting Time	Date	Person In Charge

Signed _____ Date _____

Approved: _____ Date _____
Supervisor(*)

Except in case of emergency, all requests to be absent from the institution must be filed at least two days prior to the time the instructor wishes to be absent.

(*) If course(s) are offered at an off-campus center, notify the area director.