CHICAGO STATE UNIVERSITY

PROPOSAL FOR COVERAGE OF CLASSES FOR ANTICIPATED ABSENCE

This form must be submitted to the chairperson whenever the instructor of record of a class anticipates being absent for one or more class sessions. The instructor of record is responsible for proposing coverage for classes which will be missed. This proposed coverage must be approved by the chairperson prior to the date(s) of absence.

Name of Instructor of Record _____ Anticipated Dates of Absence _____

Purpose of Anticipated Absence _____

_____

_____

CLASSES WHICH ARE SCHEDULED TO MEET WHILE YOU WILL BE ABSENT:

Course #	Section	Date	Day	Time	Room	Scheduled Activity	Your Proposed Coverage

_____ _____ Approvals: _____ _____

Signature of Instructor of Record Date Chairperson Date

_____ _____

Dean Date