NORTHERN MICHIGAN UNIVERSITY
COLLEGE OF TECHNOLOGY AND OCCUPATIONAL STUDIES

ABSENCE FROM CLASS RECORD/REQUEST

Faculty Name/Title: _____

NMU ID: _____

Date(s) of absence: _____

Reason for absence:
- ☐ University-Sponsored Event
- ☐ Jury duty
- ☐ Family care
- ☐ Illness
- ☐ Other (please explain): _____

Classes to be Missed:

Course ID	Course Title	Date(s)	Time (i.e., 8 - 10 am)

TOTAL HOURS MISSED: _____

Disposition of Missed Classes:

- ☐ Substitute arranged — Substitute name: _____
- ☐ Assignments rescheduled
- ☐ Covered by colleagues

_____ _____

Faculty member signature *Date*

_____ _____

Department Head signature *Date*

This form should be submitted to the department head at least 48 hours in advance of the absence. In the case of unforeseen illness, submit as soon as possible upon return

For Office Use : HR: _____ Semester calendar: _____