



**DEPARTMENT OF EARTH SCIENCES
FACULTY CLASS ABSENCE AUTHORIZATION**

Submit to department chairperson prior to absence.

Name _____ Date of request _____

Class Absence/Dates: _____ Class Arrangements/Disposition of Responsibility _____

Purpose:

Instruction or field trip – Course number _____

Professional meeting or conference – Name of organization _____

Administration – Department – College – University _____

Research _____

Other – Specify _____