**THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE**

**PEMBROKE, NORTH CAROLINA**

**PROFESSOR’S CLASS ABSENCE REQUEST**

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 This is to request permission to be absent from my class(es) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for the reason listed below:

REASON:

 I have made the following arrangements for my classes:

 CLASS COVERED

 DATE CLASS PERIOD BY PROFESSOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department Chair

 Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dean

Note: (1) Professor’s Class Absence Request is located at www.uncp.edu/aa/resources/forms/index.htm.

* 1. The completed form, when approved by the Chair of the Department, should be filed within the Department and with the Dean 48 hours before the date of absence.
	2. In the case of sudden illness or other emergencies, the professor should telephone his Department Chair immediately so that arrangements can be made for his/her classes.