Appalachian State University  
Department of Mathematical Sciences  
Instructional Report of Absence from Class

This report should be filled before an absence. If this is not possible, some other communication should be made as early as possible and the report should be filled out immediately after. Please give the following information.

Name: __________________________________________

Date of Absence: ____________________________ Hour(s): _________

Subject, Catalog #, and Section of Course(s): __________________________________________

__________________________

Arrangements Made for Class(es):

__________________________

__________________________

__________________________

__________________________

Reason for Absence: __________________________________________

__________________________

__________________________

__________________________

__________________________

Additional Comments: __________________________________________

__________________________

__________________________

__________________________

__________________________

Signatures:

Faculty Member __________________________________________

Department Chair __________________________________________