

PERMISSION TO MISS CLASS Request Form

Missouri Western State University

Please fill out this form and submit to Department Chair at least **three days prior** (when possible) to missing class, or **2 weeks prior** if traveling for faculty development.

Today's Date: _____ Name: _____ Dept: _____

Date(s) of missed classes: _____

Reason for missing class: Illness Family Emergency Other _____

Travel/Conference (name) _____

Brief Description of Travel/Conference: Present Chair Other

(Please provide information on EACH class missed. Dual sections of same course can be listed together)

* COURSE TITLE _____ Course/Section # _____

Day _____ Time _____ Room _____

Arrangements / assignments:

* COURSE TITLE _____ Course/Section # _____

Day _____ Time _____ Room _____

Arrangements / assignments:

* COURSE TITLE _____ Course/Section # _____

Day _____ Time _____ Room _____

Arrangements / assignments:

* COURSE TITLE _____ Course/Section # _____

Day _____ Time _____ Room _____

Arrangements / assignments:

Faculty Signature _____ Date _____

Approved Not Approved

Chairperson Signature _____ Date _____