

MSU-BOTTINEAU

Faculty Absence Report

Name

Dates:

From :

To :

Type of Absence : School related
 Non-school related

Purpose of Absence

In my absence, my classes will be:

- Rescheduled to:

Taught by :

Other (Be specific) :

Submitted by:

Name

Date

Approved by: _____

Associate Dean of Academic Affairs

Date

Print and Sign

Submit Absence Report at least three days prior to absence.

Distribution: Associate Dean of Academic Affairs

Copy to Executive Dean