Instructor Name: Click here to enter text. Date(s):Click here to enter text.

(to be absent)

Purpose: ­­­­­Click here to enter text.

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| **Date** | **Hour** | **Class** | **Room** | **Cancel/Sub** |
| Click here to enter a date. | Begin Time:  Click here to enter text.  End Time: Click here to enter text. | CRN:  Click here to enter text.  Class:  Click here to enter text. | Click here to enter text. | Cancel    Sub |
| Click here to enter text. | Begin Time:  Click here to enter text.  End Time:  Click here to enter text. | CRN:  Click here to enter text.  Class:  Click here to enter text. | Click here to enter text. | Cancel    Sub |
| Click here to enter text. | Begin Time:  Click here to enter text.  End Time:  Click here to enter text. | CRN:  Click here to enter text.  Class:  Click here to enter text. | Click here to enter text. | Cancel    Sub |
| Click here to enter text. | Begin Time:  Click here to enter text.  End Time:  Click here to enter text. | CRN:  Click here to enter text.  Class:  Click here to enter text. | Click here to enter text. | Cancel    Sub |

**Recommended Plan**

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Instructor Signature: \_\_\_\_\_\_Click here to enter text.\_\_\_\_\_\_

V.P. Instruction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *For Office Use Only*