

Instructor Name: Click here to enter text.  
(to be absent)

Date(s):Click here to enter text.

Purpose: Click here to enter text.

Date	Hour	Class	Room	Cancel/Sub
	Begin Time: End Time:	CRN:  Class:		Cancel <input type="checkbox"/>  Sub <input type="checkbox"/>
	Begin Time:  End Time:	CRN:  Class:		Cancel <input type="checkbox"/>  Sub <input type="checkbox"/>
	Begin Time:  End Time:	CRN:  Class:		Cancel <input type="checkbox"/>  Sub <input type="checkbox"/>
	Begin Time:  End Time:	CRN:  Class:		Cancel <input type="checkbox"/>  Sub <input type="checkbox"/>

**Recommended Plan**

Preferred Sub:
Preferred Sub:
Preferred Sub:
Preferred Sub:

Instructor Signature: \_\_\_\_\_

V.P. Instruction: \_\_\_\_\_  
Only

