

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

