

**Middle Tennessee State University
School of Agribusiness and Agriscience**

REQUEST FOR FACULTY ABSENCE

Instructor:

Today's Date:

Scheduled Classes Missed	Time	Date(s)	Provisions for Class

Reason for Absence:

Approved: _____
 Chair **Date**

The Department Head will file this form with the Dean of the College well in advance of the absence. NO TRAVEL AUTHORIZATION WILL BE APPROVED UNTIL THE CHAIRMAN/DIRECTOR OF THE DEPARTMENT APPROVES THE PROVISIONS FOR MEETING CLASSES/EXAMS.