

**EASTERN KENTUCKY UNIVERSITY**  
Richmond, Kentucky

**REQUEST TO BE ABSENT FROM THE INSTITUTION**

NAME (Please Print or Type) \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_  
Hour Day Date Hour Day Date

For the purpose of: \_\_\_\_\_

HOW CLASSES ARE TO BE HANDLED:

Course	Meeting Time	Date	Person In Charge

Signed \_\_\_\_\_ Date \_\_\_\_\_

Approved: \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor(\*)

Except in case of emergency, all requests to be absent from the institution must be filed at least two days prior to the time the instructor wishes to be absent.

(\*) If course(s) are offered at an off-campus center, notify the area director.