WEST VIRGINIA STATE UNIVERSITY

ABSENCE FORM

Department of _____

I (will be/was) absent from _____
(class/classes/responsibilities)

On _____ due to _____
(date/dates) (reason)

I am notifying or have notified _____ at _____

with the following arrangements for my class(es): _____

_____

_____

_____

_____

_____

_____

_____ _____
Printed Name of Faculty Member **Signature of Faculty Member**

_____
Date

_____ _____
Signature of Department Chair **Date**

Approved _____ Not Approved _____