P-F2.05

LAMAR STATE COLLEGE - PORT ARTHUR

REQUEST TO BE ABSENT FROM ASSIGNED SCHEDULE

Name _____ Date _____

Department/Program _____

Date of Absence: From _____ To _____

Reason for Absence: _____

_____

_____

_____

CLASSES TO BE MISSED

Course Prefix No. & Section	Time	Assignment	Instructor In Charge

_____
Signature

Recommended By: _____
Department Chair

Approved: _____
Instructional Dean