

# CLASS COVER SHEET

## PHYSICS DEPARTMENT

Please fill out the following information to notify the Department of any absences of classes, recitations, labs etc., and the dates you will be absent. If your class is to be taught by someone else please give his/her name. Please indicate if student attendance is required by checking yes or no.

NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

PURPOSE OF ABSENCE: \_\_\_\_\_

<u>COURSE NO.</u>	<u>DAYS</u>	<u>TIMES</u>	<u>PERSON COVERING CLASS FOR YOU</u>	<u>EMERGENCY INFO</u>	<u>ATTENDANCE REQUIRED?</u>	
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\_\_\_\_\_  
**FACULTY'S SIGNATURE**

\_\_\_\_\_  
**DEPARTMENT HEAD SIGNATURE**