

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

Recommended By: \_\_\_\_\_  
Signature

Department Chair  
Approved: \_\_\_\_\_  
Instructional Dean