

**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**

<b>Course Prefix No. &amp; Section</b>	<b>Time</b>	<b>Assignment</b>	<b>Instructor In Charge</b>

\_\_\_\_\_  
Signature

Recommended By: \_\_\_\_\_  
Department Chair

Approved: \_\_\_\_\_  
Instructional Dean