UNIVERSITY OF LOWELL
OFFICE OF ACADEMIC AFFAIRS

REQUEST FOR PROFESSIONAL ABSENCE

TO OBTAIN APPROVAL FOR TRAVEL REQUESTS, FILE THIS FORM TOGETHER WITH YOUR TRAVEL AUTHORIZATION FORM.

I have the following off-campus professional obligation. Arrangements to meet my classroom commitments during this period are detailed below.

Date(s) I will be off campus: _____

Location (Address and Phone Number): _____
_____

The following arrangements have been made to fulfill my teaching commitments. Check Appropriate Item(s):

_____ I will make up my classes.
_____ Another instructor will cover my classes.
_____ Classes will not meet. Students will receive compensatory time for an examination.
_____ My classes are not scheduled on the days I will be absent.
_____ Other (explain):

COMPLETE THE FOLLOWING SCHEDULE DETAILING ARRANGEMENTS.

Course No.	Days/Times	Room #	Make-up Dates or Instructor(s) Covering
_____	_____	_____	_____

If your course(s) will not meet because students will receive compensatory time, list the date(s) and course details below.

_____ _____
_____ _____
_____ _____

_____ _____ _____
Faculty Name (Please Print) Signature Date

Approved by Department Chair: _____ Date: _____

Approved by Dean: _____ Date: _____