

INFORME DE AUSENCIAS
Departamento de Ciencias de Ingeniería y Materiales

Personal Information:

Name of Professor * _____

Last 4 Digits of Social Sec. # _____

Absence:

Period / Dates Outside of RUM _____

Specific Reason for Absence _____

Work / Task Missed:

A. Date _____ Course _____ SEC _____ Other (Office Hrs. Ect...) _____

Alternate Plans for Work Missed:

B. Date _____ Course _____ SEC _____ Other (Office Hrs. Ect...) _____

Alternate Plans for Work Missed:

C. Date _____ Course _____ SEC _____ Other (Office Hrs. Ect...) _____

Alternate Plans for Work Missed:

D. Date _____ Course _____ SEC _____ Other (Office Hrs. Ect...) _____

Alternate Plans for Work Missed:

Additional Information:

Required Signature:
(Only one required)

Person in Charge

Signature

Name

* If students are traveling please attach all students names with student #'s in a separate list.