

REPORT OF FACULTY ABSENCE
DEPARTMENT OF INFORMATION SYSTEMS AND LOGISTICS
COLLEGE OF BUSINESS ADMINISTRATION
GEORGIA SOUTHERN UNIVERSITY

Reason for Absence from class:

- Travel _____
- Illness: _____
- Other: _____

Class(es) to be missed: (Please include dates and times)

Plan for class(es):

- Exam: _____
- Guest: _____
- Other: _____

Signature of faculty: _____ Date: _____

Approved: _____ Date: _____

July 11, 2001

