#  Request for a Graduate Student Substitute

**Faculty member’s name:** Click here to enter text. **Date:** Click here to enter a date.

**Classes and dates to be covered:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Date** | **Time (Beginning – End)** | **Location** |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |

**Reason for the absence:**

 Click here to enter text.

**Duties of the substitute (please attach course plan and materials):**

 Click here to enter text.

**Chair’s approval:**

 Click here to enter text.

## To be filled out by the Administrative Assistant to the Graduate Programs

**Substitute’s name:** Click here to enter text.

**Number of assignments for this student to date:** Click here to enter text.