

NOTICE OF TEMPORARY COURSE COVERAGE
COLLEGE OF PHARMACY
THE UNIVERSITY OF LOUISIANA AT MONROE

_____ 200 _____

TO: _____

FROM: _____

(Check one) _____ Basic Pharm. Sci. _____ C&AS _____ Toxicology

Leave period _____
From **To**

Leave request submitted on **CP Form #5** on _____
Date

I am responsible for the following course(s) scheduled to meet during the above leave period:

Course and Section number

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Temporary coverage has been arranged as indicated below. (Substitute Professor must acknowledge temporary responsibility for coverage by signing in the appropriate blank beside each course for which responsibility is assumed.)

<u>Course No.</u>	<u>Section</u>	<u>Time/Date</u>	<u>Bldg/ Room</u>	<u>Temporary Instructor</u>	<u>Responsibility Acknowledged</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature

Approved: _____
Department Head

DEAN