TA SUBSTITUTION FORM

**Complete and return to Emilie in A-115- see policy on back**

Name: _______________________________ Date of Request: ______________
Course/Section: ____________________________
Date of Absence(s): ___________________________

TA’s are not allowed to make any travel arrangements before completing this form and having it approved by both the TA supervisor and the Major Advisor

Reason for Absence (as detailed as possible):
________________________________________________________________________
____________________________________________________________________________
________________________________________

Name(s) of Substitute(s): Date/Time: Description (Lab/Discussion/Office Hour)
__________________________ ________________ ______________________________
__________________________ ________________ ______________________________
__________________________ ________________ ______________________________

Advisor: ___________________ Signature: __________________________

Instructor: ___________________ Signature: __________________________

Department Head approval is required if a substitute is requested during the last week of classes and/or during finals week.

Department Head Signature: ___________________ Date: ______________

Cc: Teaching Laboratory Services
   Advisor
   Course Instructor
   Emilie Hogrebe-student file
   Original-Main office (A-100)