

# 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: \_\_\_\_\_

- Approve  
 Disapprove

Instructor: \_\_\_\_\_ Signature: \_\_\_\_\_

- Approve  
 Disapprove

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: \_\_\_\_\_

- Approve  
 Disapprove

Cc: Teaching Laboratory Services

Advisor

Course Instructor

Emilie Hoglebe-student file

Original-Main office (A-100)