MICHIGAN STATE UNIVERSITY | College of Music

Request for Approved Absence

Date:	
Name:	
I request approval to be off campus during a period of time scheduled instruction.	when I provide regularly
Departure Date:	
Return Date:	
Destination:	
Purpose of travel:	
My lessons/classes/rehearsals will be covered in the follow	ing manner:
Approved by Area Chair(s):	Date
While away, I can be reached at:	
Approved:	Date