MUTH 1400 Fall 2008 Dr. David Schwarz

UNT COM Excused Abse	nce Sheet (for single days, or blocks of days only)
The following student	has missed / will miss class on the following dates
dı	ne to the following COM activity
This student and I realize t student's return to MUTH	that missed work must be made up within a week of the 1400.
Signed	(UNT COM faculty / staff signature)
Name	(UNT COM faculty / staff written name)
Signed	(MUTH 1400 student signature)
Name	(MUTH 1400 student written name)
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Excused Medical Emerger	ncy / illness
The following student	has missed / will miss class on the following dates
	lue to the following medical emergency / illness
Signed	(Doctor / nurse / practitioner signature)
Name	(Doctor / nurse / practitioner written name)
Signed	(MUTH 1400 student signature)
	(MITH 1400 student written name)