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
due 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 Name	(UNT COM faculty / staff signature) (UNT COM faculty / staff written name)
Name	(MUTH 1400 student signature) (MUTH 1400 student written name)
Excused Medical Emerger	ncy / illness
The following student	has missed / will miss class on the following dates
(due to the following medical emergency / illness
Signed Name	(Doctor / nurse / practitioner signature) (Doctor / nurse / practitioner written name)
I realize that I must make	up missed work within a week of my return to UNT:
Signed	(MUTH 1400 student signature)
Name	(MUTH 1400 student written name)