



| Course # | Section | Time  | Date  | Substitute | Course Objectives To Be Covered |
|----------|---------|-------|-------|------------|---------------------------------|
| _____    | _____   | _____ | _____ | _____      | _____                           |
| _____    | _____   | _____ | _____ | _____      | _____                           |

**RESPONSIBILITIES OTHER THAN CLASSES MISSED (Committee Meetings, Advising Appointments, Screening Appointments, etc.)**

| Responsibility | Time  | Date  | Place | Arrangements |
|----------------|-------|-------|-------|--------------|
| _____          | _____ | _____ | _____ | _____        |
| _____          | _____ | _____ | _____ | _____        |
| _____          | _____ | _____ | _____ | _____        |
| _____          | _____ | _____ | _____ | _____        |

**Above Arrangements are:**

|                                | Satisfactory | Unsatisfactory | Date  |
|--------------------------------|--------------|----------------|-------|
| <b>U.G.P.E. Coordinator</b>    | _____        | _____          | _____ |
| <b>Service Program Coord.</b>  | _____        | _____          | _____ |
| <b>Recreation Coordinator</b>  | _____        | _____          | _____ |
| <b>Health Education Coord.</b> | _____        | _____          | _____ |
| <b>Intramural Coordinator</b>  | _____        | _____          | _____ |

**Department Chairman Approval** \_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**