



DISPOSITION OF CLASSES FORM

MSU Billings

INSTRUCTOR: \_\_\_\_\_ Date: \_\_\_\_\_

DATES OF ABSENCE: \_\_\_\_\_

REASON:

Travel for/to what: \_\_\_\_\_

Personal  Illness  Other

How classes will be covered:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_