

## University Activity Involving Student Absence from Classes

PART I: To be completed and approved prior to the University-sponsored activity.

University Sponsor: \_\_\_\_\_

Faculty/Person in Charge of Activity: \_\_\_\_\_

Description of the Activity:

Purpose of the Activity:

Date(s): \_\_\_\_\_

Day(s) of the Week: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

EKU Phone No. for Sponsor: \_\_\_\_\_

EKU Email for Sponsor: \_\_\_\_\_

Signatures below indicate approval

Department Chair/Unit Head

Date

\_\_\_\_\_

Dean

Date

\_\_\_\_\_

Provost, if applicable

Date

\_\_\_\_\_

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### PART II

#### To Faculty:

The students listed below were absent from your class for the above approved University sponsored activity. Absences for activities sponsored by the University and approved per Regulation 4.1.6 should be dealt with according to department policy for your course and in compliance with Regulation 4.1.6. If feasible, the students named below should be given the opportunity to make up missed work.

#### To the University Sponsor:

The list below should be completed after the activity and include only students who actually participated.

Students who participated in the above approved activity:

Faculty/Person in Charge of Activity

Date

\_\_\_\_\_