CLASS COVERAGE FORM

Date of Request:		Instructor:	nstructor:	
Date(s) of Absence:				
D C 41				
	ARRANGEMENT	FOR CLASS COVERAGE		
Date:				
Class	Time	Class Disposition		
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Date:				
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Class	<u>Time</u>	Class Disposition		
Comments:				
Signature:Ins	structor	Approval: Division Chair D	Date	
HCC 1610-08		Vice President for Academic Affairs D)ate	