## **GRADUATE STUDENT COVERAGE REQUEST FORM**

## **Directions:**

Faculty: Click in a field to enter information directly. Print, sign and forward to department chairperson for approval.

Department Chairperson: Review and, if approved, sign and forward to dean.

Dean: Review and, if approved, sign and distribute.

## **Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty Name:  |  | Campus Extension:  |  |

## **Course Information:**

|  |  |
| --- | --- |
| Course Number & Title: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Class Date:  |  | Class Time:  |  | Building / Room:  |  |

### **Reason for Faculty Absence:**

|  |
| --- |
|  |
|  |

## **Graduate Student Information** (any available and willing graduate student on the student wage payroll)**:**

|  |  |
| --- | --- |
| Student Name:  |  |

### **Check Non-Instructional Duties Student Will Perform:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Proctor exam |  | Supervise laboratory activities |
|  | Show recorded material |  | Supervise studio activities |

## **Faculty Colleague on Call:**

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty Name:  |  | Contact Number:  |  |
|  |  |  |  |
| Faculty Location during Class Being Covered (Building / Room): |  |

## **Requesting Faculty Member:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature:  |  | Date:  |  |

## **Required Approval Signatures:**

|  |  |  |  |
| --- | --- | --- | --- |
| Chairperson:  |  | Date:  |  |
|  |  |  |  |
| Dean: |  | Date: |  |
|  |  |  |  |

Distribution: Requester, Chairperson, Dean, APSCUF-MU