

**UNIVERSITY OF NEBRASKA-LINCOLN  
COLLEGE OF EDUCATION & HUMAN SCIENCES  
MEMORANDUM OF ABSENCE FORM**

**Name of Person Making Request:** \_\_\_\_\_

**Date(s) of Requested Leave of Absence:**     *Start:*\_\_\_\_\_ *End:*\_\_\_\_\_

**Type of Absence:**

Professional\* Travel (fill out pre-trip authorization whether you are receiving travel funds or not)

Civil (jury)

Personal Travel

Administrative

Military

Other (Specify):

*\*If professional travel, state purpose of absence (e.g., professional development, conference, research/creative activity, etc.):*

**Address/Phone/Email or other contact information during absence:**

**Person/plan for covering duties and responsibilities (outside of teaching) during absence:**

**If you have teaching obligations that will occur during the absence, address the following:**

***List course(s), section number(s), and meeting time(s) that will occur during the absence:***

***Person/plan for instructional continuity during the absence:***

- Requested Course Delivery Modification:

- Requested Start/End Date(s) for Modified Course Delivery:
- Describe requested course delivery modification and reason for request:
- Explain impact of requested course modification on course assessment and engagement expectations:
- Describe steps taken to minimize consequences for student success associated with the modification:
- If this course is a prerequisite or part of a multi-section course, how will the proposed modifications impact student learning outcomes, relative to other sections or future courses?
- If approved, how will modification(s) be communicated to students?
- Plan for making up the course material if the course(s) was/were cancelled:

**Include any additional information or notes (as applicable) which may help facilitate request:**

**Signature of Requestor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor's Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_