## NOTICE OF TEMPORARY COURSE COVERAGE

## SCHOOL OF PHARMACY THE UNIVERSITY OF LOUISIANA AT MONROE

To:		Date:			
From:					
(Check one) Basi	c Pharmaceutical Science	es Clinical So	eiences O Toxico	logy	
Leave Period From			То		_
Leave request submitte	d on CP Form #5 on				
		Dat			
I am responsible for the	e following course(s) sch	eduled to meet during	ng the above leave pe	riod:	
		Course and S	Section Number		
			2.		
3.			4.		
5.			6.		
7.			8.		
responsibility for cover	age by signing in the app	propriate blank besic	le each course for wh	ust acknowledge temporar ich responsibility is assum	
Course No.	Section	Time/Date	Bldg/Room	Temporary Instructor	Acknowledged
Signature			Department Head Signature		
Submit three copies CP FORM #7 Rev. 6/15					