



CALIFORNIA STATE UNIVERSITY  
**FULLERTON**

**COLLEGE OF HEALTH AND HUMAN DEVELOPMENT  
SCHOOL OF NURSING**

**CLASS COVERAGE FORM**

Please complete and submit to your Director for approval at least two (2) class days prior to your departure. The department chair will file the approved form in the department office and a copy will be placed in your mailbox.

To: \_\_\_\_\_, Director

From: \_\_\_\_\_

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

I will be away from campus as of \_\_\_\_\_ and will return on \_\_\_\_\_.

Purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following arrangements have been made for my class(es):

CLASS	DAY	TIME	*ARRANGEMENTS

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Please See Me
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\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

**\*Students, graduate assistants, or volunteers do not qualify for teaching classes.**