



UNIVERSITY
of MOBILE

Higher Education for a Higher Purpose

Personal Activity Report*

Faculty Member's Name: _____ Date: _____

I will be participating in the following personal activity: _____

for the period beginning _____ and ending _____

This will not necessitate absence from campus/classes.

This will necessitate absence from campus/class and I have made the following arrangements:

Class (Day and Hour)

Arrangements for Classes

Faculty Member's Signature

Date

Department Chair's Signature

Date

Dean's Signature

Date

Dean retains original copy

***Approval must be obtained from the Department Chair and Dean prior to all absences.**