

AUTHORIZED ABSENCE CARD

Class: _____ Last Name: _____ Initials: _____ Unit: _____

Period	Monday	Tuesday	Wednesday	Thursday	Friday
0800-0900					
0900-1000					
1000-1100					
1100-1200					
1200-1300					
1300-1400					
1400-1500					
1500-1600					
1600-1700					
1700-1800					
1800-1900					

**GENERAL
LOCATION**

STUDYING
RAKT
DINING HALL
PT
HEAD/UA

CAMPUS
BLACKSBURG
CHRISTIANSBURG
OTHER: _____
____ PASS/LEAVE

Semester: _____

VTCC Form 01-01FEB23

Messages: