

**Department of Chemistry
School of Natural Sciences and Mathematics
College of Arts and Sciences
University of South Florida**

Travel Course Coverage Form

Name of Traveler: _____

Travel Dates: _____

Reason for Travel: _____

Course(s) Requiring Coverage during Travel:

_____	_____
_____	_____
_____	_____
_____	_____

How will the Course(s) listed above be covered (please include the names of any instructional personnel that will cover the course(s)). Use additional page if necessary:

Traveler Signature: _____

Date: _____

Chair Signature: _____

Date: _____