

**Slippery Rock University**  
**Military Absence Work-Plan**

Student Name \_\_\_\_\_

Banner ID \_\_\_\_\_

Faculty Member Name \_\_\_\_\_

Course Title & Number \_\_\_\_\_

Length of military-related absence \_\_\_\_\_

Detailed List of missed coursework with due date for each assignment:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

Results of not meeting the due dates of the work-plan:

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

The student and faculty member must keep a copy of the Military Absence Work-Plan.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Faculty Signature