



CIS Instructor Extended Leave Form

Minnesota North College
Student Services Office – 107 Backes Student Center
1851 East Highway 169
Grand Rapids, MN 55744
1-800-996-6422 or 218-322-2320
Fax 218-322-2325

CIS Instructor Information

Instructor Name: _____

Course(s) Teaching During Leave: _____

Approximate Dates of Leave: _____

Detailed Plan for Coverage

Interim Instructor Name: _____

Instructor Email: _____

Phone Number: _____

Describe the interim instructor's experience, credentials, and the communication plan for CIS instructor, faculty collaborator, and high school administration (attach documentation such as interim's resume and transcripts).

Has the extended leave plan been communicated with the CIS faculty collaborator? Yes___ No___

High School Administrator Signature: _____ Date _____

CIS Instructor Signature: _____ Date _____

Please note: This form must be submitted prior to the leave taking place. Once the completed form has been received, the ICC Dean of Student and Administrative Services will respond with approval, denial, or request for more information.

Scan and email form to richard.kangas@minnesotanorth.edu

For office use only

Plan approved Plan Denied Pending more information

Administrator Signature _____ Date _____