

Graduate Student Request To Be Absent

(Must be submitted at least seven days in advance of planned absence)

Graduate Student's Name (Print): _____

Department: _____

Student Appointment Type _____ GTA _____ GRA _____ Not Applicable

Reason for Absence:

_____ Personal illness/injury

_____ Death in family

_____ Scientific Meeting

_____ Other (explain): _____

Dates of Requested Absence:

From _____ AM/PM _____
Month Date Year

Through _____ AM/PM _____
Month Date Year

Total Hours of Paid Leave

Total Hours of Unpaid Leave

Graduate Student Signature

Date

Faculty Advisor Signature

Date

Graduate Assistant Supervisor Signature (IF APPLICABLE)

Date

Department Head Signature

Date

Associate Dean for Research and Graduate Programs Signature

Date