

BIOLOGY GRADUATE LEAVE REQUEST

This form must be submitted and approved in advance for travel and other absences from duty. **Note**: All Leave must receive the required approvals prior to departure.

Date	
Name	Department
Name	Department
Research Assistant	
Teaching Assistant	
Other	
Datas of Laura and Alaura	
Dates of Leave or Absence From: To:	
Total Leave Time:	
(Specify hours, days, semester, etc.)	
Destination:	
Please provide a reason for Leave, explanation of how your duties (classes, meetings, etc.) will be covered, as well as, who will substitute (if applicable) in your absence: This information is required - No exceptions.	
I hereby certify that the above statements are true and correct.	
Applicant Signature:	Substitute Signature:
Date	Date
1. Approved Disapproved	Major Advisor/Date:
2.	Teaching Lab Instructor/Supervisor/Date:
3. Approved Disapproved	Kimberly Piccolo/Date:
4. Approved Disapproved	Department Chair/Date:
Explanation if Disapproved:	