ABSENCE FROM CAMPUS FORM (GRADUATE TEACHING ASSISTANTS)

To: Dr. T. Chacko (Associate and Graduate Chair)

Date:

Subject: Absence from Campus

I ____________________ request permission to be absent from Campus
(Please print name)
during the period

to attend:

During this period, my teaching responsibilities are:

The following arrangements have been made to cover these responsibilities:

Signature approval of course instructor(s):

Signature agreement of replacement teaching assistant:

APPROVED NOT APPROVED
REASON:

Signed Date
T. Chacko (Associate and Graduate Chair)