DEPARTMENT OF BIOMEDICAL ENGINEERING
VACATION REQUEST OR ABSENCE FROM CAMPUS FORM (ACADEMIC)

To: The Chair/Department Administrator

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 replacement teaching assistant:

APPROVED
NOT APPROVED
Reason:

Signature (Chair/Office Administrator)   Signature (Staff member)