

Physics Graduate Student Absence Request

Michigan Technological University

Name

Date

Date and time leaving

Date and time returning

University business?

Personal business?

Purpose of trip (if business related)

Source of funds/account number (if business related)

Address where you can be reached

Phone

Email

Teaching responsibility has been delegated to

Class, day/time	Temporary replacement	Signature

If you have more than four classes, please list them in writing on the back after printing.

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For office use only

This request is (circle one) **APPROVED** **DISAPPROVED**

Support during this period is continued in full pro-rated for time gone none

 Signature Academic/Research Advisor

 Signature Department Coordinator