Student Leave Request Form

Student Name ____________________________________________________

Student’s RA Advisor or Lab Coordinator signature _______________________

Student’s email address ______________________________________________

Date(s) you are requesting leave
________________________________________________________________________
________________________________________________________________________

Do you have any assigned duties that you will be unavailable for because of this leave?
________________________________________________________________________

If you will be unavailable for any of your assigned duties, what are they?
________________________________________________________________________
________________________________________________________________________

What arrangements have you made to have your duties covered by someone else?
________________________________________________________________________
________________________________________________________________________

Are there any special circumstances surrounding this leave that we should be aware of?
________________________________________________________________________
________________________________________________________________________

Copies of this form should be given to your immediate supervisor and to Celeste Hackett prior to when you plan to take leave. Failure to have leave pre-authorized (other than unplanned sick leave such as a doctor’s appointment) could result in the termination of your assistantship. For entire leave policy, see the Physics & Astronomy Graduate Handbook.