

REQUEST FOR PERMISSION TO BE ABSENT
(required of absences of more than 5 instructional days)

DATE _____

NAME _____

DEPARTMENT _____

ADDRESS _____

1. DATES OF ABSENCE _____

2. REASON FOR ABSENCE _____

3. ARRANGEMENTS MADE TO COVER RESPONSIBILITIES DURING ABSENCE _____

SIGNATURE _____

CHAIR'S ENDORSEMENT _____

* If you have responsibilities for courses outside your home department, **including the Core Program**, please obtain additional approval from the appropriate chair or director:

(other) CHAIR'S/DIRECTOR'S ENDORSEMENT _____

Dean, Faculty of Arts and Sciences

Date