Absence Request – Graduate Student/Assistant

NAME	MAJOR PROFESSOR'S NAME

Numbers of days	Beginning Date	Ending Date	Reason for Absence

Comments:

Graduate Student Signature: Date:

Approvals:			Approve	Disapprove
Major Professor:		Date:		
Department Chair:		Date:		
Journal Club Coordinator:		Date:		
Fridays Seminar Coordinator:		Date:		

For International Students: If you are leaving Springfield, Illinois, please provide the location/address