

Leave of Absence Approval

Name _____

UFID _____

Dates of travel: From _____

To _____

Visa:

Is your current visa expired?

Yes ☐

No ☐

Do you intend to renew your visa during this trip?

Yes ☐

No ☐

Itinerary (Please include all waypoints outside the country):

Contact phone number while you are traveling _____

Reason for absence:

Detailed list of all teaching assignments that will be missed (lab, office hours, grading, etc.):

Attached separate sheet if additional space is needed.

Assignment

Replacement TA

Replacement TA Cell Number

Replacement TA signature

Assignment

Replacement TA

Replacement TA Cell Number

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Replacement TA signature

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Assignment

Replacement TA

Replacement TA Cell Number

Replacement TA signature

APPROVALS:

Teaching Supervisor

Signature

Date

Research Supervisor

Signature

Date

Graduate Coordinator

Leslie Murray

Signature

Date