

## PERMISSION TO BE ABSENT FROM CAMPUS

**(NOT TO EXCEED 10 DAYS of ACADEMIC SESSIONS, EXCLUDING HOLIDAYS AND WEEKENDS)**

Graduate students may be granted permission to be absent from campus for up to (*but no more than*) 10 days of Academic sessions at a time, excluding holidays and weekends. Time absent from campus must not conflict with the student's academic responsibilities, coursework, research, or teaching, and should be discussed and approved (via this form) in advance with one's advisor, program director and director/primary instructor of any courses the student will be enrolled in during the absent time period.

**Student Name:**

**UGA ID:**

**Graduate Program** (check one):      Clinical & Experimental Therapeutics      Pharmacy Care Administration

**Indicate if you are funded by one (1) of the following assistantship positions during the time period of your absence from campus:**

Graduate Research Assistant (Grant funded; ex: AHA)

Graduate Lab Assistant (GLA)

Graduate Assistant (GA)

Graduate Teaching Assistant (GTA)

Scholarship (Specify Name of Scholarship and Country of Origin):

**Requested dates, reason(s), and contact information:**

Departure Date:

Return Date (return to UGA campus):

Total Number of Days Absent:

Reason for Travel:

Travel Destination (City, State, Country):

Address:

Phone Number:

Emergency Contact Name:

Emergency Contact Phone Number:

The undersigned parties certify that the above named student is fulfilling all the duties of his/her Assistantship (if applicable) and may be absent from the University of Georgia for the time period indicated. All parties acknowledge and agree that the above named student will, at all times specified by this document, remain enrolled in the UGA Graduate School and will be subject to all relevant policies, procedures, and fees.

**Major Advisor**

(Print name/sign):

Date:

**Program Director**

(print name/sign):

Date:

**Department Chair**

(Print name/sign):

Date:

***I understand the above and have received a copy of this notification. I understand that I am responsible for checking and responding to my UGA email account while I am absent, on a timely basis.***

**Student:**

(Print name/sign):

Date:

International students must contact the Office of International Education for additional travel information and requirements. Web: <http://international.uga.edu>

[http://international.uga.edu/education-abroad-subpage.php?page\\_ID=1323272790](http://international.uga.edu/education-abroad-subpage.php?page_ID=1323272790)