APPENDIX 3

DEAN'S OFFICE Form 33A/GS

GRADUATE STUDENTS IN PHARMACY
REQUEST FOR APPROVAL OF ABSENCE FROM CAMPUS DUTY

_____ Funeral

_____ Illness

_____ Illness in Family

_____ Jury Duty

_____ Outside Activities*

_____ Vacation

_____ Other (specify)

Name _____

Department _____

Date University
Employment began _____

Total number of days of
absence included in this request _____

Number of days of vacation
included in this request _____

_____ Without Pay _____ With Pay

Approval is requested for absence from campus duty for the period from _____ through
Month Day Year
_____ for the reason indicated above. (Further reason for absence can be given here if
Month Day Year

explanation is required)

File an approved
Copy in business office
And keep one copy
For yourself.

Approval Requested _____ Date _____/_____/_____
Student Signature

Approval Recommended _____ Date _____/_____/_____
Major Professor

Approval Recommended _____ Date _____/_____/_____
TA Supervisor (if applicable)

Policies regarding absence from University duty are set forth in The Graduate Policies and Regulations Manual.