

KENT STATE UNIVERSITY

GRADUATE/RESEARCH ASSISTANTS – ABSENCE AUTHORIZATION

Name _____ Date _____

Appointment (GA or RA): _____ Department _____

Proposed Absence Dates: _____ to _____

Class Absences:

Date(s): _____ Class: _____

Date(s): _____ Class: _____

Date(s): _____ Class: _____

Lab Teaching Arrangement/Disposition of Responsibility:

Lab: _____ *Name: _____

Reason for Absence:

University Business: _____

Professional Meeting/Conference: _____

Other: _____

Address and phone where you can be contacted (if appropriate): _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Graduate Coordinator Signature: _____ Date: _____

Note: Must be acknowledged and signed by immediate advisor and graduate coordinator before authorized absence occurs.

*Name of student who will be covering lab during your absence.

c: Student