

KENT STATE UNIVERSITY

GRADUATE/RESEARCH ASSISTANTS – ABSENCE AUTHORIZATION

Name _____ Date _____

Appointment (GA or RA): _____ Department _____

Proposed Absence Dates: _____ to _____

Class Absences: (enter "N/A" if you will not be missing classes.)

Date(s): _____ Class: _____

Date(s): _____ Class: _____

Date(s): _____ Class: _____

Lab Teaching Arrangement/Disposition of Responsibility: (enter "N/A" if not missing any teaching duties)

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

Reason for Absence:

University Business: _____

Professional Meeting/Conference: _____

Other: _____

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.