



Burnett School of Biomedical Sciences Graduate Program Student Leave Request Form

Burnett School of Biomedical Sciences Graduate students are required to receive leave request approval from the Graduate Program Coordinator and Graduate Faculty Advisor. Please note: If the student is supported by a GTA during the leave period, the leave is without pay.

Student Name / PID: _____

Graduate Program: _____

Leave Start Date: _____

Leave End Date: _____

Reason for Leave:	
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Student Signature: _____

APPROVED	STUDENT LEAVE APPROVED WITH PAY		
Yes:			
No:	_____	_____	_____
	FACULTY ADVISOR / PRINT NAME	FACULTY ADVISOR SIGNATURE	DATE APPROVED
Yes:			
No:	_____	_____	_____
	PROGRAM COORDINATOR / PRINT NAME	PROGRAM COORD. SIGNATURE	DATE APPROVED

APPROVED	STUDENT LEAVE APPROVED WITHOUT PAY		
Yes:			
No:	_____	_____	_____
	FACULTY ADVISOR / PRINT NAME	FACULTY ADVISOR SIGNATURE	DATE APPROVED
Yes:			
No:	_____	_____	_____
	PROGRAM COORDINATOR / PRINT NAME	PROGRAM COORD. SIGNATURE	DATE APPROVED

Please return signed form to the program office.