



Office of Academic Affairs

REQUEST FOR ABSENCE FROM CAMPUS

Name: _____ Date of Request: _____

College/Unit: _____ Date of Absence: _____

Purpose of Absence:

- Check Professional Conference
- Check Professional Development
- Check Recruitment
- Check Other

Explain:

College office coverage during absence:

Contact information while away from campus:

Signature of requesting VP, Dean, or Director reporting to the Provost:

_____ Date

Approval:

_____ Date