

# Leave of Absence Approval

Name \_\_\_\_\_

UFID \_\_\_\_\_

Dates of travel: From \_\_\_\_\_

To \_\_\_\_\_

## Visa:

Is your current visa expired? Yes No

Do you intend to renew your visa during this trip? Yes No

Itinerary (Please include all waypoints outside the country):

Contact phone number while you are traveling \_\_\_\_\_

Reason for absence:

Detailed list of all teaching assignments that will be missed (lab, office hours, grading, etc.):

Attached separate sheet if additional space is needed.

_____ Assignment	_____ Replacement TA	_____ Replacement TA Cell Number	_____ Replacement TA signature
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## APPROVALS:

Teaching Supervisor \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Research Supervisor \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Graduate Coordinator Ben Smith \_\_\_\_\_

\_\_\_\_\_  
Signature Date