

Department of Microbiology & Immunology

Student Absence Form

Please fill out the information below and send as email attachment to Edna

| | |
|-------------------------------------|----------------------|
| NAME: | <input type="text"/> |
| DATE LEAVING: | <input type="text"/> |
| DATE RETURNING: | <input type="text"/> |
| TOTAL # OF WORK DAYS ABSENT: | <input type="text"/> |

Please check reason for absence:

| | |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| VACATION <input type="checkbox"/> | |
| OTHER <input type="checkbox"/> <i>(M)eetings</i> <i>(S)ick (Medical Appts. or illness)</i> <i>(J)ury Duty</i> | (Please state reasons for absence): <input type="text"/> |
| IN CASE OF EMERGENCY, I CAN BE CONTACTED AT: | (Telephone #, address, other) <input type="text"/> |

STUDENT'S NAME

SUPERVISOR'S APPROVAL