



Conference Travel & Absence Request/Approval Form

Instructions to students: This form must be completed & signed no less than 2 weeks in advance of the requested period of absence from a class, laboratory, exam, quiz, or rotation. For conference travel or non-emergency absences, you must be in good academic standing in general, and specifically in the course(s) you may miss as a result of your planned absence. If you need to be excused for a non-emergency, personal reasons, complete sections I, II, III and V. If you need to be excused to attend a professional meeting and you are representing your schools's chapter, complete sections I-V. Sign and date the form, and return it to the Office of the Dean **at least 2 weeks prior to the first date of the requested period of absence.**

Section I. Student Name: _____ **Date(s) to be absent:** _____
Last First
Check the appropriate category: P1 P2 P3 P4
Reason for Absence: _____

Section II. This student is is not on academic probation. This student is is not on disciplinary probation.

Signature of Dean/Associate Dean/Assistant Dean _____

Section III. Course Coordinators or Preceptors: Please indicate your permission of this student to be excused for the time period indicated.

Course	Approval (Yes/No)	Signature of course director or preceptor	How each missed activity to be made up.	Date
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Section IV. **Student:** If you need to attend a professional meeting and are representing the School's student organization chapter, please complete this section
Faculty Advisor of the organization: If this is part of a student organization request, please indicate with your signature that you approve of this student attending this organization-sponsored activity or meeting.

Name of Organization: _____

Name of Faculty Advisor for the Organization: _____

Section V. **Student:** Sign and date the form. Return form for final approval to the Office of the Dean.

Student's Signature

Signature of Dean/Associate Dean/Assistant Dean

Date

Date