

STUDENT VACATION FORM

Name: _____ Department: _____

Supervisor: _____ Program (MESC, PhD): _____

Date of Departure: _____ Date of Return: _____

Do you have TA responsibilities during this period? Yes No

Course name and number: _____

If yes, what coverage have you arranged? Please explain:

Signature of Teaching Instructor

Date

Signature of Student

Date

Signature of Supervisor

Date

**SUBMIT THIS FORM TO YOUR GRADUATE COORDINATOR
FORMS MUST BE COMPLETED 1 WEEK PRIOR TO DEPARTURE**