

**DEPARTMENT OF ECONOMICS**

**AUTHORIZATION TO BE ABSENT FROM CAMPUS**

To be completed and approved by your TA/RA instructor, supervisor, and the Graduate Advisor, if you are away from the Department for 3 or more business days.

|  |  |
| --- | --- |
| **Name:** |  |
| **Reason for Absence:** |  |
| **Dates of Absence:** |  |
| **Destination:** |  |
| **Contact Phone Number or E-mail**  **while away:** |  |
| **Arrangement to Cover Absence:** |  |
| ***Signature of Student:*** |  |
| ***Signature of TA/RA Instructor:*** |  |
| ***Signature of Supervisor:*** |  |
| ***Signature of Graduate Advisor:*** |  |

Please return this form to the Graduate Office, Department of Economics, with the required signatures before you leave campus.