



UNIVERSITY OF MINNESOTA

College of Pharmacy

DEPARTMENT OF EXPERIMENTAL & CLINICAL PHARMACOLOGY

**Student Time Off Approval Form
Experimental & Clinical Pharmacology Graduate Program**

Note: Permission must be obtained before scheduling any time off including traveling plans – i.e., plane tickets, etc. Students must file this form with the Director of Graduate Studies office at least one month in advance. Any time off (paid or unpaid) needs to be discussed and approved by advisors and Director of Professional Education/TA coordinator (if applicable).

Student Name: _____ Advisor Name: _____

Date of Request: _____

Fellowship or RA assignment: Yes No

TA assignment: Yes No

Dates requested: _____

Reason for request: Personal Vacation Conference/Meeting

REQUIRED SIGNATURES

(Please print out for required signatures)

Advisor Date

Director of Professional Studies - if applicable Date
(TA Coordinator)

Associate/Director of Graduate Studies Date