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Graduate Student Vacation Request Form

Date of request _____

First name	Last name
Your email	Supervisor/Advisor name
Leave start date	Leave end date
Number of workdays	
Outline of work to be completed while on leave (if longer than 10 work days).	
Supervisor/Advisor signature	Date
Graduate Program Professional Coordinator signature	Date
Student signature	Date

The vacation policy for Graduate Research Assistants is described in the Student Planning Guide under 'Financial Matters.'