

Department of Mathematical Sciences
ABSENCE NOTIFICATION / TRAVEL REQUEST
GRADUATE STUDENT

NAME: _____

Destination: _____

Departure Date: _____ Return Date: _____

Purpose: _____

Class assignments will be handled by: _____

Advisor signature: _____ Comments: _____

EXPENSES ANTICIPATED:

SOURCE OF FUNDING:

Travel \$ _____

Grant Funds \$ _____

Lodging \$ _____

Name of Grant _____

Meals \$ _____

P.I. Approval _____

Registration \$ _____

P.I. Comments _____

Other (Itemize) \$ _____

Dept. Funds \$ _____

Total Expenses \$ _____

Graduate Chair Approval _____

Graduate Chair Comments _____

Dept Chair Approval _____

Dept. Chair Comments _____
