

Request for Vacation Time

TRAVELER AND DEPARTMENT INFORMATION	
Graduate Student Name:	
Advisor:	
Date of Request:	
TRIP INFORMATION	
Purpose/Justification of the trip. If vacation extends beyond two weeks, state reason why:	
Departure Date:	Return Date:
Destination(s):	
CONTACT INFORMATION	
Contact Information for Traveler during Trip:	

Vacation approved: Yes No

Advisor
Department of Chemistry

Date