

MEMORIAL UNIVERSITY of NEWFOUNDLAND

Notification of Absence from Campus

Name

Division or Department

Absence Start Date

Absence End Date

Day

Month

Year

Day

Month

Year

Reason for Absence

Conference

Research

Vacation

Other

If not vacation, please provide details

The following arrangements have been made for my classes, teaching obligations and student supervision

Signature of Academic Staff Member

Date

Noted by Associate Dean/Department Head

Date

Noted by Dean/Director

Date