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**DEPARTMENT OF BIOMEDICAL ENGINEERING**  
**VACATION REQUEST OR ABSENCE FROM CAMPUS FORM (ACADEMIC)**

To: The Chair/Department Administrator

Date:

Subject: Absence from Campus

I \_\_\_\_\_ request permission to be absent from campus  
(Please print name)

during the period \_\_\_\_\_

to attend: \_\_\_\_\_

During this period, my teaching responsibilities are:

The following arrangements have been made to cover these responsibilities:

Signature approval of replacement teaching assistant:

APPROVED

NOT APPROVED

Reason:

Signature (Chair/Office Administrator)

Signature (Staff member)

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