

Memorial University of Newfoundland
Notification of Absence from Campus

Name _____

Department _____

Absence Start Date / / Absence End Date (inclusive) / /
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