

Department of Chemistry Graduate Student Application for Leave

Name: _____

MSU ID No: _____

Purpose of Leave: Vacation/Personal

Medical

Beginning Date: _____

Ending Date: _____

Signature of Student: _____ Date: _____

Approved: (Must be signed by Research Professor and Lab Coordinator, if a Teaching Assistant)

Name and Title (Please print): _____

Signature: _____ Date: _____

Name and Title (Please print): _____

Signature: _____ Date: _____

The Department of Chemistry allows Graduate Assistants up to 10 days of paid leave for medical or personal reasons PER academic year, which is August 16th through August 15th. Any time taken in excess of the 10 days will be WITHOUT pay. You must complete the Student leave form and have it signed by your Research professor and your Lab Coordinator and then turn it in to the office.