REPORT OF ABSENCE

GEORGIA STATE UNIVERSITY
GRADUATE ASSISTANTS

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<tr>
<th>NAME</th>
<th>ID #</th>
<th>LAB EXT.</th>
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DEPARTMENT: Biology

ADVISOR: Advisor’s EXT.

PERIOD ABSENT - Inclusive Dates

Leave _____________ to _____________

Departure _____________ Return _____________

Reason: ____________________________________________

___________________________________________________.

*Leave in excess of one week requires the approval of the APD. Leave in excess of two weeks requires Chair’s approval, and subject to a decrease in pay.

STUDENT SIGNATURE __________________________ Date _____________

APPROVALS:

ADVISOR __________________________ Date _____________

AREA PROG. DIRECTOR __________________________ Date _____________

______________________________
Vincent Rehder, Associate Chair

8/1/12