

This form is to be used to allow special arrangements to be made when a student is travelling on university business. Refer to Academic Course Policy Section 8.8 for more information.

To be Completed by Student

Last Name	First Name	Student Number
Email (uSask e-mail address – NSID@mail.usask.ca)		Telephone

Class Information

Subject	Course Number	Section	CRN	Term	Year
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Period you will be away on university business

Date (mm/dd/yyyy)	TO	Date (mm/dd/yyyy)
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Reason for Request (Please use back if necessary)

Student Signature	Date (mm/dd/yyyy)		
Name of Authorized Verifier	Position/Title	Signature of Authorized Verifier	Date (mm/dd/yyyy)

To be Completed by Instructor

Approved and accommodations made Not approved

If approved, provide a brief description of accommodations. If not approved, please provide explanation (Please use back of form if necessary)			
Instructor Name	College	Instructor Signature	Date (mm/dd/yyyy)

If not approved, the student has the right to appeal to the Dean of the instructor's college.

Dean	Dean Signature	Date (mm/dd/yyyy)
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NOTE: If an appeal is successful, the Dean will need to contact the instructor to ensure accommodations are made.

Instructions to Student

1. Complete top portion of form.
2. Consult with your class instructor for signature and to make arrangements for accommodation.
3. If not approved, forward this form to the Dean's office of the instructor's college.
4. Please retain for your records.