

To be Completed by Student

## Student Permission to Travel for University Business

Use this form to request special arrangements to be made because you are travelling on university business (e.g Huskie Athletics, academic conference, performing arts) and such activities conflict with your class attendance, course work or exams. Refer to Academic Course Policy Section 8.8 for more information.

Last Name	First Name			Student Number			
st name		First Name	First Name		Student Number		
Email (USask e-mail address – NSID@mail.usask.ca)				Telepho	ne		
Class Information							
Subject	Соц	urse Number	Section	CRN		Term	Year
Period you will be away on un	iversity busines	s					
Date (mm/dd/yyyy)	TO D	Date (mm/dd/yyyy)	n/dd/yyyy)				
Reason for Request (Please use back if	necessary)						
•	,,						
•							
Student Signature						Date (mm/e	dd/yyyy)
Student Signature  Name of Authorized Verifier	Position/T	itle	Signatur	e of Authorized	d Verifier	Date (mm/e	
Name of Authorized Verifier	Position/T	itle	Signatur	e of Authorized	d Verifier		
Name of Authorized Verifier  To be Completed by Insti	Position/T		Signatur	e of Authorized	d Verifier		
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Name of Authorized Verifier  To be Completed by Insti	Position/T ructor made Not ap	pproved				Date (mm/e	

Instructor Signature

NOTE: If an appeal is successful, the Dean will need to contact the instructor to ensure accommodations are made.

Dean Signature

## **Instructions to Student**

Instructor Name

Dean

- 1. Complete top portion of form.
- $2. \ Consult\ with\ your\ class\ instructor\ for\ signature\ and\ to\ make\ arrangements\ for\ accommodation.$

College

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

- 3. If not approved, forward this form to the Dean's office of the instructor's college.
- 4. Please retain for your records.

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)