

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.

To be Completed by Studen	t							
Last Name	First Name			Student Number				
Email (USask e-mail address – NSID@mail.usask.ca)			Telephone					
Class Information								
Subject Course Nu		ımber	Section	CRN		- erm	Year	
Period you will be away on univer	sity business							
Date (mm/dd/yyyy)	TO Date (m							
Reason for Request (Please use back if neces	ssary)							
Student Signature				Date (mm/dd/yyyy)				
Name of Authorized Verifier	Position/Title		Signature of Authorized Verifier		/erifier	Date (mm/dd/yyyy)		
To be Completed by Instruc	tor							
Approved and accommodations mad	e Not approve	ed						
If approved, provide a brief description of ac	commodations. If not	approved, please provi	de explanation (Plea	se use back of	form if necessary)			
Instructor Name	tor Name College		Instructor Signature				Date (mm/dd/yyyy)	
If not approved, the student has the righ	t to appeal to the De	ean of the instructor's	college.					
Dean	Dean Signature	Dean Signature			Date (mm/dd/yyyy)			

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.