



Faculty of Engineering & Applied Science

MEMORIAL UNIVERSITY of NEWFOUNDLAND

Notification of Absence from Campus

Faculty of Engineering & Applied Science

Name: _____

Department: _____

Absence Start Date: _____

Absence End Date (inclusive): _____

Reason for Absence

Conference

Research

Vacation

Other

If not vacation, please provide details:

The following arrangement have been made for my teaching obligations:

The following arrangements have been made for my student supervisions; i.e. who to contact in case of emergency:

Signature of Academic Staff Member	Date
Signature of Department Head/Director	Date
Signature of Dean	Date

This form is to be submitted to the Department Head/Director for ASM's/ASM-CE's and then on to the Dean's office for our records by the Department Admin. The form should be submitted directly to the Dean's office for FMG members only at dean.engineering@mun.ca