

Graduate Academic Absence Support

Name:

Email address:

Department:

Academic supervisor:

Contact address:

College Advisor:

Reason absence:

Dates of absence: (Date of First and Last Night away from College)

Applicant Signature:

Date:

Supervisor Signature

Date:

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Details for accounts:

Travel or accommodation receipts indicating the nights absence should be attached to verify this claim.

Unless there are outstanding battels, against which the grant will be credited, you will be receiving a cheque in the internal mail shortly.