REQUEST FOR INTERVIEW TIME OFF DURING 4TH YEAR ELECTIVES

Student Name:______________________________________________________________

Elective: _________________________________________________________________

Interview at: ______________________________________________________________

Dates of Interview:__________________________________________________________

Plan for remediation if more than two weekdays out of a 2-week elective were missed or
four weekdays of a 4-week elective were missed:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Approved: _____________ Yes _____________ No

Elective Administrator (or Attending) Name: ______________________________________

Elective Administrator (or Attending) Signature:_________________________________

Faculty Advisor Name:________________________________________________________

Faculty Advisor Signature:____________________________________________________

Associate Dean for Student Affairs and Admissions:_______________________________

Student Signature: _____________________________ Date Signed: ____________________