

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:
