

SUMMER OPTION FORM
Graduate Center for Gerontology

Funded students who will be away from campus for any period of time over the summer, other than for allowable vacation, must complete and submit this form to the Director of Graduate Studies no later than May 1, 2005.

Name: _____

Date: _____

Student Number: _____

I am requesting leave without pay for the summer (indicate duration below)
[] ONE MONTH [] TWO MONTHS [] THREE MONTHS

I will maintain funding through the summer
Indicate how much time will be spent away from campus, and describe the research or study activities to be engaged in during this time.

Advisor Signature

DGS Signature