

**LEAVE REQUEST FOR RESEARCH TRACK STUDENTS**

	CLASS:	3DN	4DN
RESEARCH TRACK STUDENT NAME (PRINTED) _____			

Research Track students may request one half-day (per month) for research, providing their TEAM Leader and research mentors agree. You **MUST** complete this form in advance **EACH SEMESTER** and return it to the Office of Education to block out your AxiUm schedule. This form is due the Friday prior to your mid semester break (Fall Break, Spring Break, Fourth of July week break), if you would like research time the next semester. In other words, forms submitted by Fall Break will be for research time in Spring Semester. Please give the completed and signed form to Ms. Stephanie Ross, D 3-11 Office of Education. Incomplete forms will not be accepted.

Date(s) Requesting Research Time:	AM or PM:

<b>ARE YOU ON THE RESEARCH TRACK?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>WHICH SEMESTER ARE YOU REQUESTING RESEARCH TIME?</b> <input style="width: 50px; height: 20px;" type="text"/>
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**I have made all arrangements for any class time I will miss and/or for the care of my patients.**

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mentor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Team Leader Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Patient Coordinator Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_