# Georgia Tech Registrar

## INSTITUTE APPROVED ABSENCE REQUEST

Print Name: _____
                          Last                         First                Middle

Student Email: _____    gtID#: _____

## EVENT INFORMATION

Name: _____

Location: _____

Dates: _____

Description: _____

_____

Website to the event or organization sponsoring it: _____

Why is this event an important event that is related to your studies or leadership development at GeorgiaTech?

_____

_____

_____

_____

Please attach a PDF of the agenda or program of the event

## EMERGENCY CONTACT

Print Name: _____
                          Last                         First                Middle

Phone Number: _____    Relationship: _____

Student Signature:_____  Date: _____/_____/_____

Processed by: _____  Date: _____/_____/_____