

**PH.D. IN BIOLOGICAL SCIENCES  
VACATION REQUEST FORM**

Please return to Ms. Carol Lee, Mellon Institute 406.

Name:

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Date:

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Laboratory (or year):

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Dates of planned vacation:

(First day away from lab through last day away from lab)

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Number of working days you will be gone:

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Country of planned vacation:

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**Required Signatures:**

Student Signature:

Date:

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Research Advisor (print):

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Research Advisor Signature:

Date:

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**Please return to Ms. Carol Lee, Mellon Institute 406.**

For internal use only