



# Permission to Work Off-Campus – INSTRUCTOR APPROVAL FORM

\*\*\*Please complete one form for each course in which you are enrolled.\*\*\*

Student's Name: \_\_\_\_\_

Student's JAG ID: \_\_\_\_\_

Course: \_\_\_\_\_

Instructor: \_\_\_\_\_

Please outline plans for completing missed classes and coursework: \_\_\_\_\_

Please outline plans for oversight and documentation of work completed (ex. I will send a weekly list of journal articles read, weekly drafts of paper in progress, etc): \_\_\_\_\_

**I have reviewed and approved the student's request to work off-campus and plans for completing and documenting appropriate coursework and work to meet GRA requirements and responsibilities.**

\* I understand that as the student's mentor I am responsible for the oversight and documentation of actual work (not just work hours) to meet GRA requirements.

\*\* I understand that as the course director, I am responsible for the oversight and documentation of actual work (not just work hours) for courses that I direct.

## Authorizing Signatures:

**\*Major Advisor:** \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**\*\*Course Instructor:** \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Program Director:** \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**MD/PHD Program Director:** \_\_\_\_\_

Date: \_\_\_\_\_

*(if student is in MD/PHD program)*

Printed Name: \_\_\_\_\_

**Graduate School Dean:** \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_