



APPROVED ABSENCE REQUEST FORM

Please submit this form to your coordinator **at least one month** prior to your checkout date. Note: submitting this form late may delay the issuance of your stipend check.

Name: _____ Country: _____ EWC Program: _____
Check-out date: _____ Check-in date: _____

LOCATION OF ACTIVITY

Country #1: **Primary purpose of travel (Check all that apply):**
Arrival date: Field research/study
Departure date: Attending a conference pertaining to degree
 Check if this is your home country. Internship/Practicum
 Travel for personal reasons

Country #2: **Primary purpose of travel (Check all that apply):**
Arrival date: Field research/study
Departure date: Attending a conference pertaining to degree
 Check if this is your home country. Internship/Practicum
 Travel for personal reasons

Country #3: **Primary purpose of travel (Check all that apply):**
Arrival date: Field research/study
Departure date: Attending a conference pertaining to degree
 Check if this is your home country. Internship/Practicum
 Travel for personal reasons

EWC PAYMENT REQUEST

Complete this part only if you will be receiving EWC funds during the Approved Absence period.

Please indicate when you would like your EWC funds for the Approved Absence period to be paid.

- During the absence period
- Upon return to EWC

If you selected "During the Approved Absence period" above, please indicate where you would like your check sent:

Complete U.S. or International address:

Provide a brief description of what you will be doing during the Approved Absence period. If you will be doing thesis or dissertation research, please attach a copy of your approved research.

Participant's Signature

Date

APPROVALS

Approval from your UHM advisor is REQUIRED if your requested absence will be during Fall/Spring semester.

UHM Advisor's Signature

Date

Program Coordinator's Signature

Date