



APPROVED ABSENCE REQUEST FORM

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

Name: _____ Home Country: _____ EWC Program: _____
Checkout Date: _____ Return Check-in Date: _____ Email: _____

LOCATION OF ACTIVITY

Country #1:

Arrival date:

Departure date:

Check if this is your home country.

Primary purpose of travel (Check all that apply):

Field Research/Study

Attending a conference pertaining to degree

Internship/Practicum

Travel for personal reasons

Country #2:

Arrival date:

Departure date:

Check if this is your home country.

Primary purpose of travel (Check all that apply):

Field Research/Study

Attending a conference pertaining to degree

Internship/Practicum

Travel for personal reasons

Country #3:

Arrival date:

Departure date:

Check if this is your home country.

Primary purpose of travel (Check all that apply):

Field Research/Study

Attending a conference pertaining to degree

Internship/Practicum

Travel for personal reasons

EWC PAYMENT REQUEST

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

During the Approved 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