

## Name of Traveler Graduate Student: \_\_\_\_\_

Graduate Adviser of Traveler:

GA or GTA:

Faculty directing GA/GTA employment: \_\_\_\_\_

Describe all GA/GTA activities that need to be substituted during the travel period. One row for each activity specifying date, time, course, activity (GA/GTA meeting, lab or lecture, grading, office hour, etc.)

[illegible]

Traveler attests to completeness of information:	
Signature of Traveler:	
Approval by Graduate Adviser of Traveler:	
Approval by Graduate Student Substitute:	
Approval by Graduate Adviser of Substitute:	
Approval by Faculty directing GA/GTA employment of Substitute:	
Approval by Department Chair:	

Email filled-out form with all signatures to [chem@mst.edu](mailto:chem@mst.edu)