



**BILKENT UNIVERSITY DEPARTMENT OF ARCHITECTURE
(BUDA)**

Graduate Assistant Time Off Request Form

Name and surname of requestor	
ID number	
Assistantship duties (state the courses/ duties you are assigned to in the current semester)	
Reason of request	
Leave start date	
Return date	
Location while on leave (city, country; list by dates if multiple)	
Telephone number and email (to be used to contact the requestor while on leave, if needed)	
Further notes (if necessary)	
<u>Requestor</u> Date: Signature:	
<u>Approval of Advisor</u> Name and Surname: Date: Signature:	
<u>Approval of Assisted Course Instructor /Coordinator</u> Name and Surname: Date: Signature:	
<u>Approval of Department Chair</u> Name and Surname: Date: Signature:	