



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE Touro College and University System

Graduate School of Basic Medical Sciences

PhD Student Vacation Request

Ph.D. Student Name _____

Advisor _____

Department _____

Date Request Initiated _____

Vacation Dates Requested _____

Comments (optional) _____

Request Approved _____ Denied _____

Advisor Signature _____ Date _____

Department Chair or Dean Signature _____ Date _____