



NEW YORK MEDICAL COLLEGE

A M E M B E R O F T O U R O U N I V E R S I T Y

Graduate School of Biomedical 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 _____

PhD Student Vacation Policy, Updated 08.2022
March 2019