

DEPARTMENT OF PHYSIOLOGY FACULTY ACTIVITY INFORMATION

Name: _____

Departure Date: _____

Return Date: _____

Destination: _____

Organization's Name: _____

TYPE OF ACTIVITY

Scientific Mtg: _____ Recruiting: _____

Lab Visit: _____ Agency Consultant: _____

Speaker: _____ Leave of Absence: _____

Other: _____

Where (Phone) you can be reached in an
emergency:

Signature: _____ Date: _____

Acknowledged: _____ Date: _____