

**Louisiana Education Consortium  
LEAVE from DUTIES FORM for LEC FACULTY**

**Form 26**

LEC Faculty Member's Name \_\_\_\_\_

Date of Request \_\_\_\_\_

Request Absence from:

\_\_\_\_\_ General Doctoral Committee Meeting

\_\_\_\_\_ Presentation of Prospectus

\_\_\_\_\_ Oral Comprehensive

\_\_\_\_\_ Oral Defense of Dissertation

\_\_\_\_\_ Other

Reason for Absence: \_\_\_\_\_

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Explanation of Delegation of Responsibilities for Absence: \_\_\_\_\_

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LEC Faculty Member's Signature \_\_\_\_\_

\_\_\_\_\_ Date

Department Head's Signature \_\_\_\_\_

\_\_\_\_\_ Date

Dean's Signature \_\_\_\_\_

\_\_\_\_\_ Date