

Request from Off-campus Employee for On-campus Graduate School Courses  
University of Arkansas Division of Agriculture

Name \_\_\_\_\_ Title \_\_\_\_\_

Years of UA employment \_\_\_\_\_ Work site \_\_\_\_\_

Work assignment \_\_\_\_\_

Semester requested to be on-campus \_\_\_\_\_

Graduate program:

Degree sought \_\_\_\_\_ Date accepted into program \_\_\_\_\_

Department \_\_\_\_\_ Campus \_\_\_\_\_

Graduate School Advisor(s) \_\_\_\_\_

Title of research project \_\_\_\_\_

Required attachments:

1. Statement indicating how this degree plan will benefit you and the Division of Agriculture.
2. Degree plan with a list of courses for the proposed on-campus semester.
3. Proposed class and course schedule indicating distribution of work and annual leave that will be used each week.
4. Documentation of accrued annual leave available.
5. Statement indicating how assigned tasks at your primary duty station will be accomplished while you are on campus.
6. Statement indicating what work assignments you will accomplish while you are on campus and away from your primary duty station.
7. Statement from supervisor confirming plans for accomplishing on-site work assignments and for conducting off-site work.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approvals:

Primary Supervisor \_\_\_\_\_ Date \_\_\_\_\_

On-campus Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Unit Head \_\_\_\_\_ Date \_\_\_\_\_

Assoc. Vice President \_\_\_\_\_ Date \_\_\_\_\_