# Upward Bound
# Summer Absence Request

_____ will be off campus during the following times:
(Name of UB Participant)

All students must have this form completed and returned to UB staff prior to leaving campus for **ANY** reason.

| Date | Leave Time | Return Time | Reason |
|---|---|---|---|
| *Example: June 7th* | *3:30pm* | *9:00pm* | *Basketball Practice at Gallatin HS* |
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**Parent/Guardian Signature**: _____

**Date**: _____