



HARVARD SUMMER SCHOOL

Secondary School Program • 51 Brattle Street, Cambridge, MA 02138-3722 • www.summer.harvard.edu/ssp

SSP Weeknight Absence Request Form

Harvard Secondary School Program—Residential Student

Permission to leave campus overnight is ordinarily granted on Friday and Saturday nights only, but if for some good reason you feel you must be away from campus overnight on a weeknight, please request permission via this form.

Providing complete and accurate information will help the SSP make a timely decision. We especially need to understand (1) why you wish to be away on a weeknight, (2) where you would go, (3) when and how you would travel, including (4) when you would return. Your travel plan should ensure that you do not miss any class meetings.

Attending class meetings is a requirement for all Summer School students. The SSP cannot approve any request to miss a class. Courses with an online option offer more flexibility than on-campus-only courses because class meetings of some courses can be attended or made up online from a distant location.

The Secondary School Program reserves the right to deny any weeknight absence request.

Email this completed form to ssp@summer.harvard.edu.

STUDENT NAME		
Last/Family/Surname(s)	First/Given name(s)	Middle name(s)

DCE ID NUMBER	DATE
@ 0 0	

(see www.summer.harvard.edu/login if unsure)

REASON FOR REQUESTED ABSENCE

ADDRESS WHERE YOU WILL STAY

NAME OF HOST/HOSTESS	RELATIONSHIP TO YOU

HOST/HOSTESS PHONE NUMBER	HOST/HOSTESS EMAIL ADDRESS

DEPARTURE _____, _____ at _____ RETURN _____, _____ at _____
(day of week) (date) (time) (day of week) (date) (time)

METHOD OF TRAVEL	DO YOUR PARENTS KNOW ABOUT THIS TRIP?

PARENT OR GUARDIAN NAME	PARENT OR GUARDIAN PHONE NUMBER

COURSE ENROLLMENT INFORMATION			
Course	No. of credits	Class schedule	Online option? <input type="checkbox"/> Yes <input type="checkbox"/> No
Course	No. of credits	Class schedule	Online option? <input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT SIGNATURE	STUDENT CELL PHONE NUMBER	STUDENT EMAIL ADDRESS

For SSP office use only:	
Approved / Disapproved by _____	Staff signature _____
Staff Comment:	
Student notification by _____	Date _____