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

@ 0 0

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

DATE

REASON FOR REQUESTED ABSENCE

ADDRESS WHERE YOU WILL STAY

NAME OF HOST/HOSTESS	**RELATIONSHIP TO YOU**

HOST/HOSTESS PHONE NUMBER	**HOST/HOSTESS EMAIL ADRESS**

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?
			❑ Yes ❑ No
Course	No. of credits	Class schedule	Online option?
			❑ Yes 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 _____