**Department of Veterinary Medicine**

**CLINICAL TRAINING SCHOLAR HOLIDAY CANCELLATION FORM**

Requests to cancel holiday should be signed by yourself and your Clinical Supervisor and then forwarded to Emma Deans on (ed474@cam.ac.uk) for action.

Name:……..……………………………………. Signature:.………………………………….. Date:…………………………………

I wish to take holiday as follows:

From: …………………………………………………… To:……………………………………………….. No of Days:…………………

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From: …………………………………………………… To:……………………………………………….. No of Days:…………………

(Please give inclusive dates of actual working days requested as holiday: do not include weekends or days when the Department is officially closed.)

Total No of Days:……………………. Clinical Supervisor Signature:…..……………………………………

­­­..nical Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ude weekends or days when the department is o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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