

Student Application for Leave



Pre-Clinical Courses and LACS & SACS Clinical Rotations

Date: _____ Class of _____

Student Name: _____

Date(s) of absence: _____

Class/Rotation(s) to be missed: _____

Reason for absence:

For Clinician/Faculty/Admin Use Only

Does this absence need to be made up? Yes No To be determined

If yes, will the make-up occur during (faculty, please describe):

- A. Vacation / off block
- B. Clinical externship
- C. Other

Make-up Date(s) _____

Other Information _____

Approvals Rotations

Clinician for Rotation

Department Head

Pre-Clinical

Course Coordinator and/or Instructors

Associate Dean

Original: Department office (clinical rotations); Associate Dean's office (pre-clinical courses)

Copies: Associate Dean for Academic Affairs; Student file