

Student Application for Leave

Pre-Clinical Courses and LACS & SACS Clinical Rotations



Date: _____

Student Name: _____

Date(s) of absence: _____

Class/Rotation(s) to be missed: _____

Reason for absence:

For Departmental Use Only

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

If yes, will the make-up occur during:

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

Make-up Date(s) _____

Approvals

Clinician for Rotation

Course Coordinator

Department Head

Original: Department office

Copies: Associate Dean for Academic Affairs