

DEPARTMENT OF BIOMEDICAL AND DIAGNOSTIC SCIENCES

# Student Leave Request

*VMC 801: Diagnostic Skills Rotation*



Student Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Date(s) of absence: \_\_\_\_\_

Reason for absence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If traveling outside of school/residence area:**

Location: \_\_\_\_\_  
(City/County/State)

Mode of transportation: \_\_\_\_\_  
(Car/Plane/Public transit)

Types of group associations anticipated: \_\_\_\_\_

COVID mitigation plan: \_\_\_\_\_

\_\_\_\_\_

***For Departmental Use Only***

Does this absence require a quarantine?  Yes  No  To be determined

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

**Approvals**

Rotation Coordinator: \_\_\_\_\_

**Original:** Associate Dean for Academic Affairs

**Copies:** (A) Diagnostic Services, (B) Student File, (C) Student

Revised 7/30/2020