

# Uniform Student Application for Leave



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

Student Name: \_\_\_\_\_ Date(s) of absence: \_\_\_\_\_  
*Include time or hours of absence*

Class/Rotation(s) to be missed: \_\_\_\_\_

Reason for absence: \_\_\_\_\_

If traveling outside of school/residence area, remember to follow any COVID or other public health protocols in place. Contact Alicia Robino if you have any questions: [arobino@utk.edu](mailto:arobino@utk.edu)

## *For Clinician/Faculty/Admin 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 ☐

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

A. Vacation / off block ☐

B. Clinical externship ☐

C. Other ☐

Make-up date(s) & description of requirements to make up \_\_\_\_\_

## Approvals

*Signatures of:*

**Course coordinator or supervising clinician/pathologist**

Other Instructors, as applicable (e.g. Diagnostic Skills instructors)

Assistant or Associate Dean

Original: Associate Dean for Academic Affairs

Copy: Student file