

**EXCUSED ABSENCE REQUEST FORM
THIRD YEAR CORE CLINICAL ROTATIONS**

Student First and Last Name: _____

Core Site: _____

Name of Rotation: _____

Date(s) of Requested Absence: _____

Reason for Request:

Student Signature Date

Preceptor's Full Name: _____

_____ Preceptor Signature	_____ Date	Approved:
The student will make up all missed time with the assigned preceptor:		Denied:
		Yes:
		No:

_____ Core Site Coordinator Signature	_____ Date	Approved:
		Denied:

_____ Office of Clinical Rotations Signature	_____ Date	Approved:
		Denied:

_____ Assistant Dean of Clinical Education Signature	_____ Date	Approved:
		Denied:

Planned absences must have this request approved in writing by the Office of Clinical Rotations and the Assistant Dean of Clinical Education at least 30 days prior to the absence.

Unplanned absences must have this form submitted as soon as the student is able to complete it, but no later than the date of return to the rotation.

Completion of this form does not constitute an automatic approval.