A student absence/exception request form must be filled out for any absence (excused or unexcused) from a mandatory student activity or clinical clerkship.

1. **Student Name:**

2. **Purpose/Reason for absence:** *(Please give details supporting your request.)*

   - Educational
   - Medical/Health
   - Family Emergency
   - Other

   Details:

   _____________________________________________________________________________________________
   _____________________________________________________________________________________________
   _____________________________________________________________________________________________

   □ Continued on backside

3. **Activities/Dates Affected:**

4. **Name of Course/Service:**

5. **I affirm that the reasons stated above are true and the complete basis for my request.**

   Signature of Student: ___________________________ Date: ______________

6. **Approval:**

   - Course/Clerkship Director: □ APPROVED □ DENIED

   Comments/recommendations:

   _____________________________________________________________________________________________

   Name & Signature of Course/Clerkship Director: _____________________________________________

   Date Submitted (date of course/clerkship director’s signature): ________________________________

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**When all items above are completed, please submit this form to the Component III or Component IV Director**

   - Component III or Component IV Director: □ APPROVED □ DENIED

   Dr. Randy Richardson

   Comments/recommendations:

   _____________________________________________________________________________________________

   Component III/Component IV Director Signature (signature required): ___________________________

   Date: ______________

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**When approval of the Component III or Component IV Director is received, this form will be forwarded to the Medical School Office of Student Affairs and become part of your permanent student record.**

   - Student Affairs:

     Michael G. Kavan, Ph.D., Associate Dean (initial) _____________________________

     Date: ______________

(Updated 9-27-2011)

Revised 9/27/11