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**Student Absence Form**

Student’s Name: PID:

Request that I be excused from the following educational requirement due to extenuating circumstances (e.g. personal illness, personal emergency, death of a family member, etc.)

Mandatory Module/Clerkship Requirement

Please specify circumstance(s)

Please specify date(s)

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By my signature below, I hereby acknowledge that this information is complete and accurate. False or fraudulent statements may result in disciplinary actions.

Student Signature Date

Module or Clerkship Director Signature

 **Approved**  **Disapproved**

 **Associate or Assistant Dean for Students Date**

 **Approved** **Disapproved**

Notes: