

**Student Absence Form for Examinations**

Student's Name: \_\_\_\_\_ PID: \_\_\_\_\_

Which module or clerkship summative examinations are you missing?

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

Please describe the reason for needing to miss the examination:

*(Note: The UCF COM Attendance Policy normally only allows excusal from an examination for significant illness\* or a death in the family)*

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

Please specify the dates of your absence:

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

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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

\*Per the Attendance Policy: "If the student will miss an exam due to illness, a physician's note is required from a physician with whom the student has a legitimate patient relationship (e.g., their primary care provider)."