



M1/M2 Student Absence Form for Examinations

Student's Name: _____ PID: _____

Which examination(s) 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: _____

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 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)."