



College of Medicine

M1/M2 Student Absence Form for Mandatory Class/Session

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 Class/Session _____

Please specify circumstance(s) _____

Please specify date(s) _____

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

Notes: _____
