



M3/M4 Student Absence Form for Mandatory Clerkship Requirements/Clinical Duties

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 Clerkship Requirement _____

Please specify date(s) _____

Please specify circumstance(s):

- Presentation of Research at a Professional Meeting
- Residency Interviews
- Meeting with advising academy leader, residency career advisor, or assistant/associate dean for students
- Health Care visits that are unable to be scheduled during non-clinical time
- Hospitalization of student
- Death of a family member
- Illness (requires a note from your physician)
- Other (Please provide additional information below)

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 _____

Clerkship Director Signature _____ Date _____

Approved

Disapproved

Associate/Assistant Dean Signature _____ Date _____

Approved

Disapproved

Notes: _____
