

ABSENCE REQUEST FORM FOR CLINICAL ROTATIONS

STUDENT NAME:

DATE SUBMITTED:

ROTATION (check all that apply)

Basic Core 1 (Family Med

Internal Med

Geriatrics)

AI/Elective

Friday afternoon required curriculum

SITE

CCF

MHMC UH/VA

DATE

From _____ to _____

REASON FOR ABSENCE

***Students:** *Please see Previous Page for submission instructions.*

APPROVAL SIGNATURE/E-MAIL _____ DATE: _____

Discipline/Rotation Leader

APPROVAL SIGNATURE/E-MAIL _____ DATE: _____

Friday afternoon curriculum leader (if applicable)

****NON-EMERGENT REQUEST MUST BE SUBMITTED AT LEAST 30 DAYS IN ADVANCE****