



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

School of Medicine

Amarillo

Student Absence Form

***Please submit to the Office of Education upon completing**

Clerkship Rotation: _____ Block #: _____

Student Name: _____

Date(s) of Absence: ____ \ ____ \ ____ to ____ \ ____ \ ____

Requested 30 Days in Advance? Yes: _____ No: _____

Type of Absence: Sick: _____ Personal: _____ School Related: _____

Religious Observance: _____ Meeting: _____

Total # of Absences for Current Academic Year (as of date of submitting this form): _____

Comments:

Absence Excused: _____ Absence Unexcused: _____

Signature of Clerkship Director: _____

Signature of Authorized Office of Education Personnel: _____

CC:
Attending Physician
Education Office