



# TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER™

## School of Medicine

Office of Student Affairs

### SOM Excused Absence Request Form

Student Name: \_\_\_\_\_

Date(s) of absence: \_\_\_\_\_ to \_\_\_\_\_ Total # of Days Missed: \_\_\_\_\_

Rotation Period: \_\_\_\_\_

Check reason for absence:

Personal Day	<input type="checkbox"/>	Sick Day	<input type="checkbox"/>
Interview Day	<input type="checkbox"/>	Meeting	<input type="checkbox"/>
Religious Observance	<input type="checkbox"/>	School Related	<input type="checkbox"/>

Comments/explanation regarding absence request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*4<sup>th</sup> Year Course Director:*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Authorized Office of Education Personnel:

Date:

\_\_\_\_\_

\_\_\_\_\_

***\*NOTE\* All requests with the exception of sick days must be previously approved by the Student Affairs dean for your campus***