



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER™

School of Medicine

Office of Student Affairs

Year 4: Medical Student Excused Absence Request Form

Student Name: _____ R#: _____

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"/>		

Comments/explanation regarding absence request:

4th Year Course Director:

Signature: _____

Date: _____

****NOTE* All requests to attend meetings must be previously approved
by the Student Affairs dean for your campus***