SOM Excused Absence Request Form – Lubbock

Student Name: ______________________ R#: __________________________

Date(s) of Absence __________ to __________

Clerkship Period __________

Check reason for absence:  Personal Day ______  Sick Day ______

Religious Observance ______  Meeting ______

Comments/explanation regarding absence request:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

3rd Year Clerkship Director:  4th Year Course Director:

Printed Name: __________________________  Printed Name: __________________________

Signature: __________________________  Signature: __________________________

Office of Student Affairs approval (if needed)

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Lauren Cobbs, M.D., M.Ed.

CC:
Student Affairs Office – Kelley Moss