



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
School of Medicine™

Office of Student Affairs

Student Absence Form - Lubbock

Student Name: _____

Date(s) of Absence: / /

Reason for Absence:

Absence Excused _____

Absence Unexcused _____

Signature of 3rd Year Clerkship Director or 4th Year Course Director:

CC:
Course Coordinator
Student Affairs Office