



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

School of Medicine

Office of Curriculum

Year 1-2: Medical Student Absence Request Form

Student Name: _____ R#: _____

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

Block : _____

Check reason for absence:

Sick Day Meeting Religious Observance Other

Events Missed Will Be Made Up

Makeup day(s) must be completed within a week of the missed activity unless exception is given.

Comments/explanation regarding absence request:

Block Director:

Printed Name: _____

Signature: _____ Date: _____

Comments regarding absence request:

Student Affairs Committee Approval: _____

***NOTE* All requests to attend professional meetings must be PRE-APPROVED by Dr. Lauren Cobbs**