Student Absence Form

*Please submit to the Office of Education upon completing

Clerkship Rotation: ___________________________ Block #: ___________________________

Student Name: ______________________________________

Date(s) of Absence: ___/___/___ to ___/___/___

Requested 30 Days in Advance? Yes: ______ No: ______

Type of Absence: Sick:_______ Personal:_______ School Related:_______

Religious Observance: _______ Meeting:__________

Total # of Absences for Current Academic Year (as of date of submitting this form): __________

Comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Absence Excused: ___________ Absence Unexcused: ___________

Signature of Clerkship Director: _________________________________________________________

Signature of Authorized Office of Education Personnel: _______________________________________

CC:
Attending Physician
Education Office

SOM OP 40.02.B-Amarillo