



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

School of Medicine

Office of Student Affairs

Year 3 Absence Request Form – Covenant

Student Name: _____ R#: _____

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

Clerkship/Rotation Period: _____

Check reason for absence:

Personal Day Sick Day Religious Observance Meeting

Absence with makeup day(s)

Makeup day(s) must be completed within the same clerkship as the > 4 allowed excused absence(s).

Comments/explanation regarding absence request:

3rd Year Clerkship Director:

Printed Name: _____

Signature: _____

Office of Student Affairs approval (if required): _____

****NOTE* All requests to attend professional meetings but must be pre-approved by Dr. Robert Casanova***