



## Extended Leave of Absence Form

Student name: \_\_\_\_\_ Class of: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_ Absence: Planned: Unplanned:

Please select the following courses missed/will be missed:

- SCI
- DSPM
- Dental Skills
- Colloquium
- Spanish
- Clinic (DLC)

Please acquire signatures from the following:

Course Director(s): \_\_\_\_\_

College Mentor: \_\_\_\_\_

Associate Dean of Academic Affairs: \_\_\_\_\_

Associate Dean of Clinical Affairs: \_\_\_\_\_

Associate Dean of Research (If presenting at a conference): \_\_\_\_\_

**Reason:**

Illness/health care appointment:

Participation in legal proceeding:

Serious illness or death of a family member:

Observance of a religious holiday/obligation:

Other personal or family emergency:

Interviews for Residency:

Attending or presenting at a Conference:

Directed by the Occupational Health COVID response or Public Health:

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*\*Students who wish to participate in dental educational opportunities, conferences, or meetings both inside and outside of the continental U.S. must be in good academic and professional standing at the time of participation. Denial to participate can occur as late as 1 week prior to the event.*

**For planned absences please contact the Office of Student Affairs at least 30 days prior to request date**

Attach documentation of medical appointment or doctor's note

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Dean of Student Affairs' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Excused: Not Excused: Signature: \_\_\_\_\_