



Pre-clerkship Absence

Student name: _____

Class of: _____

Date or Dates of Absence: _____ **ABSENCE: Planned:** ____, **Unplanned:** ____

Missed required/graded activity or critical summative assessment? Yes: ____ No: ____

If yes, please list below:

1. _____
2. _____
3. _____
4. _____
5. _____

Have you contacted your course director: Yes: ____, No: ____

Course Director: _____

Course Coordinator: _____

College Mentors: _____

Reason:

Acute illness - ____

Participation in legal proceeding - ____

Serious illness or death of a family member - ____

Observance of a religious holiday/obligation - ____

Other personal or family emergency - ____

Directed by Occupational Health COVID response - ____

Other: _____

Documentation:

For missed critical summative assessments, documentation is required, attach to email.

PLANNED ABSENCE: (Please attach documentation of medical appointment or Dr's absence note)

Please contact the Office of Student Affairs at least 10 days prior to request date.

It is the student's responsibility to arrange makeup with the Course Director