

# CNUCOM Absence Request Form

## Session Faculty for Signatures:

**Medical Skills:** Dr. Goodwin *Masters*

**Colloquium Approval:** Dr. Frank/  
Dr. Rubin

**CCBL:** Dr. Culler

**Clinical Case:** College Master

**Clerkship Didactics:** Clerkship Director

**Masters Colloquium Completion:** College Master

**Elective:** Course Director

**Course Exam:** Course Director

**Mandatory Advising:** Assistant Dean of  
Student Affairs

## Staff Member for Documentation:

**M1/M2:** Haleema Kaifi **M3/M4:** Corrine Baumer

**Mandatory Advising:** Assistant Dean of Student  
Affairs

## How to Complete and Submit This Form:

1. Students who desire to attend professional meetings and conferences must meet with the Office of Student Affairs prior to registering for the conference and prior to completing this form for preliminary approval.
2. Meet with the designated faculty for the mandatory sessions you are missing (see above) to agree on a make-up plan.
3. If the absence is anticipated, notify the designated staff member (see above) to document your absence ahead of time.
4. Once your make-up plans are completed, ask each designated faculty member to sign this form verifying completion.
5. Submit completed form with all signatures to the designated staff member for final documentation.

## **Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Class of: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **Dates of Absence:**

Start Date: \_\_\_\_\_ Return to Class Date: \_\_\_\_\_

## **Nature of Absence (Check all that Apply):**

Medical       Religious Holiday       Emergency Leave       Bereavement       Military Duty

Jury Duty       Legal       Involvement in Traffic Accident       Immigration and Naturalization

Special Consideration: \_\_\_\_\_

Unexcused Absence: \_\_\_\_\_

## **Absence Documentation:**

Explain the reason for the absence (attach appropriate supporting documentation): \_\_\_\_\_

## **Mandatory Session Make-Up Plan (space for additional sessions on reverse):**

Session: \_\_\_\_\_ Date(s) Missed: \_\_\_\_\_ Session Faculty: \_\_\_\_\_

Deadline e to Complete Mak e-Up Plan:

Make-Up Plan: \_\_\_\_\_

**Plan Approval:** Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Plan Completion:** Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Student Affairs: \_\_\_\_\_  Excused  Unexcused Date: \_\_\_\_\_

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## Mandatory Session Make-Up Plan:

Session: \_\_\_\_\_ Date(s) Missed: \_\_\_\_\_ Session Faculty: \_\_\_\_\_

Deadline to Complete Make-Up Plan: \_\_\_\_\_

Make-Up Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan Approval: Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Completion: Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Session: \_\_\_\_\_ Date(s) Missed: \_\_\_\_\_ Session Faculty: \_\_\_\_\_

Deadline to Complete Make-Up Plan: \_\_\_\_\_

Make-Up Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan Approval: Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Completion: Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Session: \_\_\_\_\_ Date(s) Missed: \_\_\_\_\_ Session Faculty: \_\_\_\_\_

Deadline to Complete Make-Up Plan: \_\_\_\_\_

Make-Up Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan Approval: Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Completion: Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Session: \_\_\_\_\_ Date(s) Missed: \_\_\_\_\_ Session Faculty: \_\_\_\_\_

Deadline to Complete Make-Up Plan: \_\_\_\_\_

Make-Up Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan Approval: Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Completion: Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_