

CNUCOM Absence Request Form

Session Faculty for Signatures:

Medical Skills: Dr. Goodwin
Masters Colloquium Approval: Dr. Frank
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 to Complete Make-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: _____

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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: _____