# Student Absence Form: Missed Mandatory Learning Sessions

## Examinations, Medical Skills, Masters Colloquia, Clinical Case Presentations

### Student Information:

<table>
<thead>
<tr>
<th>Name: ________________________________</th>
<th>Class Of: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last: __________________</td>
<td>First: __________</td>
</tr>
</tbody>
</table>

Student ID#: __________

College Master: __________________________

Phone#:_________________________

E-mail:_______________________________________

### Inclusive Dates To Request Absence:

Start Date:___________________________

Return to Class Date: _________________________

### For Excused Absence (check all that apply):

- Medical
- Religious Holiday (attach Religious Observance Excused Absence Request Form)
- Involvement in traffic accident documented by a law enforcement report
- Emergency Leave
- Bereavement
- Military Duty
- Jury Duty
- Professional Meeting/Conference
- Immigration & Naturalization
- Legal
- Other__________________________

Students who desire to attend professional meetings and conferences must obtain academic clearance signature verification from the Assistant Dean of Student Affairs along with course director’s signature. Absence requests must be submitted with advance notice of at least 10 business days prior to conference’s start date. See corresponding policies.

### Unexcused Absence

Absence in the following circumstances will be considered **unexcused** and may or may not be approved by your college master:

- Car repair or breakdown (arrange for alternative transportation if urgent)
- Disruptions in daycare, unless it is medical in nature
- Work and/or volunteer schedule
- Weddings
- Reunions
- Travel delays or vacation
- Undocumented causes
- Professional leave with less than 10 business days’ notice
- Exceeded duration of excused absence
Please explain the reason for your absence, and provide appropriate supporting documentation. If additional space is required, attach as well as any other documentation to this form.

_____________________________________________________________________________________

Please explain plans for replacement learning.
- Replacement learning plans must be reviewed by the appropriate course director.
- Whenever possible, preparation with your clinical case presentation team must be completed in advance of any work needed

_____________________________________________________________________________________

<table>
<thead>
<tr>
<th>Mandatory Activities Missed</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session</strong> (Exam, Med Skills, Masters Coloquìa, Case Presentation, Lab)</td>
<td><strong>Date</strong> Missed</td>
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**STUDENT ABSENCE GUIDELINES AND PROCESSING:**

1. Submit this completed absence form and supporting documents to the Director of the course from which you are requesting absence
   - The form should be submitted **at least 10 business days prior to the absence whenever possible**
   - In case of a health emergency, please make sure to submit the form within 24 hours of return to school
2. The course director will review your plans for education replacement and give approval with signature or request more detail and resubmission
3. Submit this form to your college master who will note absence status as **excused** or **unexcused** as well as **approved** or **unapproved**
4. Each signed form will be reviewed and file in the office of the Assistant Dean of Student Affairs
   - You will be asked to discuss all unexcused absences for mandatory events
   - You will be asked to discuss multiple absences (more than one of any type) per semester
   - Professionalism behavior regarding mandatory attendance will be discussed as a problem, and **remediation plans may be prescribed**
   - If this remediation plan fails, then inadequate remediation of attendance problems may be noted on the student’s MSPE
STUDENT MEETINGS DATE AND DISPOSITION:

Date: ______________________________________________________________________________

______________________________________________________________________________

Date: ______________________________________________________________________________

______________________________________________________________________________

Date: ______________________________________________________________________________

______________________________________________________________________________

SIGNATURES:

Dr. Floyd Culler
Assistant Dean of Student Affairs

Date