CLERKSHIP EXCUSED ABSENCE REQUEST

Please do not make any travel arrangements until you have been granted an excused absence.

Student:_______________________________________ Rotation: ___

Dates and Times of Requested Absence: From: _________________________________

To: _________________________________

Justification for EXCUSED Absence

________________________________________________________________________

________________________________________________________________________

Make up time during inpatient: please indicate how you plan to make up your time.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time(s)</th>
<th>Place</th>
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Student Signature _____________________ Today’s Date _____________________

FOR OFFICE USE ONLY

Approved _____ Disapproved _____

Faculty Signature ___________________