



# Family & Community Medicine

The University of Texas Health Science Center at San Antonio

## CLERKSHIP EXCUSED ABSENCE REQUEST

*You are advised NOT to finalize any travel arrangements until you have received confirmation from the clerkship office that your request has been approved.*

Student: \_\_\_\_\_ Rotation: \_\_\_\_\_

Dates and Times of Requested Absence: From: \_\_\_\_\_

To: \_\_\_\_\_

**Justification for EXCUSED Absence** (*include VERY specific details. For example: if you need leave to attend a wedding, tell us who's wedding, where, your role in the wedding etc.*)

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Today's Date

<p><b>FOR OFFICE USE ONLY</b></p> <p>Approved _____ Disapproved _____</p> <p>_____ Faculty Signature</p>
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