

Student Time Away Request

Name		Today's Date	
Please Mark	Type of Leave Requested:	Dates Requested:	Total Hrs:
	Serious Illness/Doctor Appointment		
	Conference Attendance		
	Military Leave for Self		
	Bereavement Leave		
	Other (please specify)		

Explanation of need for Time Away e.g. name of conference, etc. (use back of page if additional space is need):

Please provide the names of faculty/preceptors for each class/rotation you will miss: _____

Note To 1st and 2nd Year Students and Faculty: Excused absences will be allowed on a case-by-case basis for such things that are emergent, personal, compassionate, professional, or health related. **If SA grants an excused absence we encourage faculty to make accommodation for the student to make up missed work. However, it is always at the discretion of the individual faculty member as to whether or not they will make an accommodation.** In advance of the time away, students must discuss with each faculty listed above whether or not this approval will result in an accommodation being given for his/her missed course work and receive their signature in acknowledgement below. Students are not required to resubmit this to SA, but are encouraged to keep this for their own records. **This form is not required in emergency situations beyond the students control e.g. unexpected sickness or family emergency. In such situations an e-mail to Student Affairs will suffice and faculty will be notified on behalf of the student.**

Signature of Requestor _____ Date _____	Student Affairs Approval _____ Date _____
<p>1st and 2nd Year Students: The section below is to be completed after Student Affairs has approved the Time Away Request. It is the responsibility of the student to discuss course work accommodations with individual faculty and receive their signature before the start of the Time Away.</p>	
Faculty Acknowledgement (1 st and 2 nd Year Students) _____ Date _____	Faculty Acknowledgement (1 st and 2 nd Year Students) _____ Date _____
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<p>3rd and 4th Year Students: This form is ONLY for CONFERENCE ATTENDANCE requests. You must receive a signature approving conference attendance from your Preceptor for the rotation you will be missing before submitting to Director of Clinical Rotations for signature.</p>	
Signature of Director of Clinical Rotations _____ Date _____	Signature of Preceptor _____ Date _____