

School of Podiatric Medicine Excused Absence Form

Student Name: _____ Year: 3 ☐ 4 ☐ ONLY UTRGV ID # _____

Clinical Rotation: _____

Leave Start Date: _____ Leave End Date: _____ #of Days: _____

Directions:

- Check the reason for the absence and provide an explanation below.
- For absences of 5 days or more due to medical, religious observance, emergency, or military reasons, submit the form to the Office of Clinical Education for approval. Fill out a separate form for the first 5 days and for every 5 days or less thereafter.
- For educational absences or missed didactic conferences, submit a completed form signed by the preceptor/clinical instructor to the Office of Clinical Education.
- Submit a completed form to the Office of Clinical Education for missing a test.
- If none of the above apply, submit the form to the Office of Student Affairs.

Please choose the reason below		Explanation
<input type="checkbox"/>	Medical	
<input type="checkbox"/>	Educational (Up to 2 days – Professional scholarly approved activity)	
<input type="checkbox"/>	Bereavement (Up to 2 days – immediate family)	
<input type="checkbox"/>	Religious observance	
<input type="checkbox"/>	Military	
<input type="checkbox"/>	Missing a test	
<input type="checkbox"/>	Missing a conference	
<input type="checkbox"/>	Emergency	
<input type="checkbox"/>	Other	

Student Signature: _____

Date: _____

☐ Approved

Preceptor/Clinical Instructor Signature: _____

Date: _____

☐ Denied

Assistant Dean of Clinical Education

or Designee Signature: _____

Date: _____

☐ Approved

☐ Denied

For Office of Student Affairs and Clinical Education use only:

Recipient Initials: _____ Date: _____ Entered into Progress IQ: _____