

Student Application for Leave

Pre-Clinical Courses and LACS & SACS Clinical Rotations



Date: _____

Class of _____

Student Name: _____

Date(s) of absence: _____

Class/Rotation(s) to be missed: _____

Reason for absence: _____

If traveling outside of school/residence area:

Location: _____
(City/County/State)

Mode of transportation: _____
(Car/Plane/Public transit)

Types of group associations anticipated: _____

COVID mitigation plan: _____

For Clinician/Faculty/Admin Use Only

Does this absence require a quarantine? Yes No To be determined

Does this absence need to be made up? Yes No To be determined

If yes, will the make-up occur during (**faculty**, please describe):

A. Vacation / off block

B. Clinical externship

C. Other

Make-up date(s) & description of requirements to make up _____

Approvals

Course/Rotation Coordinator

Department Head (co-approval for clinical rotations)

Associate Dean (co-approval for pre-clinical courses)

Original: Department office (clinical rotations); Associate Dean for Academic Affairs (pre-clinical courses)

Copies: Associate Dean for Academic Affairs
Student file

Revised 7/30/2020