

Student Leave Request

VMC 800: Pathology Rotation



Student Name: _____

Date of Request: _____

Date(s) of absence: _____

Rotation(s) to be missed: VMC 800 VMC 850 (Advanced Path)

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 Departmental 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

Approvals

Clinician on Duty _____

Rotation Coordinator: _____

Original: BDS, Room A205

Copies: (A) Associate Dean for Academic Affairs & (B) Student File