



Excused Absence Request

Name (Printed): _____ Course Name & Number: _____

Once this form is complete, please submit a copy to your department and to the Medical Student Education Office.

For details please refer to the UTHSC Policy on Excused Absences.

Dates Requested: _____

Reason:

- Funeral
- Doctor appointment
- Wedding
- Step II CK/CS
- Residency Interview
- Other (Please Explain):

Student Signature: _____

Date: _____

Approval of Supervising Attending (if applicable):

Signature: _____

Date: _____

Approval of Clerkship Director:

(Required before leave can be approved by supervisor)

Signature: _____

Date: _____