

4TH YEAR STUDENT LEAVE REQUEST FORM

Name: _____ Date: _____

Dates of Proposed Leave: _____ To: _____

Signature: _____

Instructions:

- 1) **Obtain the signature of the Faculty member in charge.** By signing, the Instructor(s) is indicating that it is permissible for you to be absent on the date(s) indicated. Please keep in mind that arrangements to cover both patient care and any assigned emergency duties must be approved by the Faculty member in charge/Section Head and the Department of Clinical Sciences Office. The Department Office will indicate make-up requirements if necessary on the form. Grades will not be reported until make-up days are completed. In some instances, an incomplete may appear on a semester transcript. Failure to complete make-up work in a timely fashion will result in a failing (F) grade. If the Faculty member in charge/Section Head feels that your absence will hamper the functioning of the remaining group, or you have already been out for 5 days, he/she has the right to refuse permission for your absence. Please review personal leave guidelines for 2 & 3 week rotations before obtaining leave forms.
- 2) **Return the form to the CS Department Office.** The Department Office will forward a copy of the form to the Associate Dean's Office for final approval.

Faculty member in charge: Approve: _____ Disapprove: _____

Signature: _____

Make-Up: _____

Associate Dean's Office: Approve: _____ Disapprove: _____ **Initials:** _____

Number of school days requested this form: _____

Number of School days requested this year to date: _____

No Duties on _____

Department Signature