

**School of Medicine Excused Absence Form**

Student Name: \_\_\_\_\_ Year: 1    2    3    4    UTRGV ID#: \_\_\_\_\_

Module/Course/Clerkship: \_\_\_\_\_ Block # (if applicable): \_\_\_\_\_

Leave Begin Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_ #of Days: \_\_\_\_\_

**Directions:**

- Please complete the reason & explanation below
- Obtain signatures from Module/Course Director *and* appropriate Assistant Dean for Educational Affairs
- Return completed and signed form to the Office of Student Affairs

Please choose reason		Please provide explanation
<input type="checkbox"/>	<b>Medical</b>	
<input type="checkbox"/>	<b>Educational</b> (Professional scholarly approved activity)	
<input type="checkbox"/>	<b>Bereavement</b>	
<input type="checkbox"/>	<b>Religious Observance</b>	
<input type="checkbox"/>	<b>Military</b>	
<input type="checkbox"/>	<b>Step 2 CK/CS</b>	
<input type="checkbox"/>	<b>Interview</b> (Year 4 only)	
<input type="checkbox"/>	<b>Emergency</b> (submit upon return)	

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Module/Course Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied

Asst. Dean for Educational Affairs Pre-Clerkship/Clerkship Signature: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied

**For Office of Student Affairs use only:**

Recipient Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Entered into Progress IQ: \_\_\_\_\_