

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

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: _____