UTRGV | UT Health Rio Grande Valley | School of Podiatric Medicine

School of Podiatric Medicine Excused Absence Form - Up to FIVE Business Days

Student Name: _____ **Year: 1☐ 2☐ ONLY** **UTRGV ID#:** _____

Module/Course: _____

Leave Begin Date: _____ **Leave End Date:** _____ **#of Days:** _____

Directions:

- Please complete the reason & explanation below
- Obtain signatures from Module/Course Director ***and*** Department Chair
- Return completed and signed form to the Office of Student Affairs

Please choose reason		Please provide explanation
☐	**Medical**	
☐	**Educational** (Professional scholarly approved activity)	
☐	**Bereavement**	
☐	**Religious Observance**	
☐	**Military**	
☐	**APMLE 1/2**	
☐	**Emergency/ other**	
☐	**Missing a Test/Quiz**	*For next steps please contact Module/Course Director

Student's Signature: _____ **Date:** _____

Module/Course Director Signature: _____ **Date:** _____ ☐ **Approved** ☐ **Denied**

Department Chair: _____ **Date:** _____ ☐ **Approved** ☐ **Denied**

For Office of Student Affairs use only:

Recipient Initials: _____ **Date:** _____ **Entered into Progress IQ:** _____