

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** appropriate Associate Dean for Academic 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 (Professional scholarly approved activity)	
<input type="checkbox"/>	Bereavement	
<input type="checkbox"/>	Religious Observance	
<input type="checkbox"/>	Military	
<input type="checkbox"/>	APMLE 1/2	
<input type="checkbox"/>	Emergency/ other	
<input type="checkbox"/>	Missing a Test/Quiz	

*For next steps please contact Module/Course Director

Student's Signature: _____ Date: _____

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

Assoc. Dean for Academic Affairs or Designee Signature: _____ Date: _____ Approved Denied

For Office of Student Affairs use only:

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