

School of Podiatric Medicine Excused Absence Form

Student Name: _____ **Year:** 3 ☐ 4 ☐ **ONLY** **UTRGV ID #** _____

Rotation & Preceptor Name: _____

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

Directions:

- Check the reason for the absence and provide an explanation below.
- For absences of 5 days or more due to medical, religious observance, emergency, or military reasons, submit the form to the Office of Clinical Affairs for approval. Fill out a separate form for the first 5 days and for every 5 days or less thereafter.
- For educational absences or missed didactic conferences, submit a completed form signed by the preceptor/clinical instructor to the Office of Clinical Affairs.
- Submit a completed form to the Office of Clinical Affairs for missing a test.
- If none of the above apply, submit the form to the Office of Clinical Affairs.

Please choose the reason below	Explanation
<input type="checkbox"/> Medical	
<input type="checkbox"/> Educational (Up to 2 days – Professional scholarly approved activity)	
<input type="checkbox"/> Bereavement (Up to 2 days – immediate family)	
<input type="checkbox"/> Religious observance	
<input type="checkbox"/> Military	
<input type="checkbox"/> Missing a test	
<input type="checkbox"/> Missing a conference	
<input type="checkbox"/> Emergency	
<input type="checkbox"/> Other	

Student Signature: _____

Date: _____

☐ Approved

Preceptor/Clinical Instructor Signature: _____

Date: _____

☐ Denied

Associate Dean of Clinical Affairs

or Designee Signature: _____

Date: _____

☐ Approved

☐ Denied

Office of Student Affairs and/or Clinical Affairs:

Recipient Initials: _____ **Date:** _____ **Entered into Typhon:** _____