

4TH YEAR STUDENT LEAVE REQUEST FORM

Name: _____

Date: _____

Dates of Proposed Leave: _____ To: _____

Where can you be reached during leave: _____

Signature: _____

Instructions: Please keep in mind that arrangements to cover both patient care and any assigned emergency duties must be approved by the Instructor/Section Head and the Department of Clinical Science office.

- 1) **Obtain the signature of the Instructor(s) and Section Head.** By signing, the Instructor(s) and Section Head are indicating that it is permissible for you to be absent on the date(s) indicated. The Instructor/Section Head has the right to require a suitable make-up activity for the time missed. Generally you will not be approved to be out of a 3 week block more than 2 days without making up these days at a later time. Failure to complete make-up work in a timely fashion will result in a failing (F) grade. If the Instructor/Section Head feels that your absence will hamper the functioning of the remaining group, or you have already been out for 5 days, he/she has the right to refuse permission for your absence.
- 2) **Return the form to the CS Department Office.** The Department Office will forward a copy of the form to the Associate Dean's Office for final approval.

Instructor: Approve: _____ Disapprove: _____

Signature: _____

Section Head: Approve: _____ Disapprove: _____

Make-Up: _____

Signature: _____

Associate Dean's Office: Approve: ___ Disapprove: ___ Initials: ___

Number of school days requested this form: _____

Number of School days requested this year to date: _____

No Duties on _____

Department Signature