



## Pre-Clinical Excused Absence Request

*Please allow 3-5 business days for processing*

Students: Please review your course syllabi and the Program Manual prior to requesting an absence from a pre-clinical course. It is the responsibility of the student to follow the absence requirements of the course and failure to follow course requirements may affect the course grade.

### Student Information: Please PRINT

Student name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Email: \_\_\_\_\_ Class Year: \_\_\_\_\_  
Date (s) of Absence: \_\_\_\_\_  
Reason for absence request): \_\_\_\_\_  
Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Course and Course Instructor of Record Information

Course: \_\_\_\_\_ Course Instructor of Record: \_\_\_\_\_ Date \_\_\_\_\_

### Please email documentation to course instructor

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