

REPORT OF PLANNED STUDENT LEAVE - UP TO 5 DAYS

	CLASS: 1DN	2DN	3DN	4DN
STUDENT NAME (PRINTED)				

Date(s): _____ All Day: Partial Day: From: _____ To: _____

Reason for Leave Request: _____

Please have every course director for mandated attendance classes, labs and clinics scheduled during your planned absence to sign their permission for you to miss their activity and willingness to provide appropriate make-up session(s) as deemed necessary. Course directors are not obligated to sign and or remediate students requesting this leave.

Name of Didactic/Laboratory Course	Course Director Signature

TEAM Leader Signature: (for 3 and 4DN students)
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ARE YOU ARE MISSING A ROTATION: YES <input type="checkbox"/> NO <input type="checkbox"/>	LOCATION: _____
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Name of Student Switching Rotation Assignment (Printed)	Substitute Student Signature :
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I have made all arrangements for all of the classes I will miss and/or the care of my patients.

Student Signature	Date
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