



# ABSENCE FORM

**\*THIS FORM MUST BE SUBMITTED TO THE OFFICE OF CLINICAL EDUCATION (OFFICE #1062) 3 WEEKS PRIOR TO ABSENCE.**

Please circle one:                      2<sup>nd</sup> Year                      3<sup>rd</sup> Year                      4<sup>th</sup> Year

Today's Date: \_\_\_\_\_ Name of Student intern: \_\_\_\_\_  
(please print)

DATE OF ABSENCE:	SCHEDULED SHIFT:

DATE OF ICS MISSED:

Reason (s) for the absence: \_\_\_\_\_  
\_\_\_\_\_

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**Office use only**

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approval:**

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Entered on schedule:    yes \_\_\_ no \_\_\_                      Date: \_\_\_\_\_                      Initial: \_\_\_\_\_