

# UND SMHS PHASE 2 AND PHASE 3 EXCUSED ABSENCE REQUEST FORM

Student Name: \_\_\_\_\_

Rotation/Clerkship: \_\_\_\_\_

Date(s) Absence: \_\_\_\_\_

## REASON FOR ABSENCE

To be completed by **the student**

## MAKE UP DATES (for an absence of three days or more)

To be completed by **the clerkship director**

\_\_\_\_\_  
Campus Dean  
Signature denotes approval for student to proceed and discuss proposed absence with Clerkship Director and Preceptor.  
It does not imply approval for the Excused Absence.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Clerkship Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preceptor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Dean  
Signature to be obtained after the other signatures. Denotes final approval.

\_\_\_\_\_  
Date