



# MS1 and MS2 Excused Absence Request

Submission of this form does not guarantee your excused absence request will be approved. You will receive an email to your UND student email regarding the decision of your request. **Submit completed form via email to [saa@und.edu](mailto:saa@und.edu).**

Student Name: \_\_\_\_\_ Class Level: \_\_\_\_\_

Student Email: \_\_\_\_\_

Absence: \_\_\_\_\_ Absence Start Date: \_\_\_\_\_ Absence End Date: \_\_\_\_\_

Absence Start Time: \_\_\_\_\_ Absence End Time: \_\_\_\_\_

List exact title(s) of mandatory material from Unified Session or Block schedule in Leo for requested absence:

Facilitator's email if absent from PCL: \_\_\_\_\_

Will you miss a mandatory ACHIEVE Session? \_\_\_\_\_

Reason for absence (for planned absences, please provide detailed information):

\_\_\_\_\_: I understand I must complete and submit the necessary paperwork within 14 days from the excused absence. I understand the policy entitled "Excused absence/tardiness for SMHS Medical Students" and agree to abide by the procedure set forth in the aforementioned document: <https://med.und.edu/policies/files/docs/4.17-excused-absences-tardiness-first-second.pdf>.

Form Submission Date/Time: \_\_\_\_\_

