



University of South Alabama – College of Medicine Request to be absent from school

Complete form – email or drop off in the Student Affairs office at campus or in Mastin #202
kroveda@southalabama.edu – campus
kbraswell@southalabama.edu – Mastin #202

Student name LAST: _____ FIRST: _____ (m) _____

jagmail email: _____ Class of: _____

Date submitted: ____/____/____

Module, clerkship or M4 course requesting to be excused from: _____

Name of Clerkship Director/Course Director: _____

I request to be absent from my curricular activities or clinical duties on the following date/s:

The purpose of this absence is due to the follow (check off box below)

- Personal illness
- Illness of a family member
- Emergency
- Jury Duty
- Birth of a child
- Presentation at a professional meeting
- Provider's appointment for self or family member
- Life Event (must request at least 2 weeks in advance – describe below)

List any additional comments for clarification below:

Section below to be completed by Associate Dean for Student Affairs or designee

Approved by: _____

Date approved: _____

Module, clerkship or course director notified: _____

Date notified _____