

University of Illinois College of Medicine
M3/M4 Clinical Experience Excused Absence Request Form

Requests for excused absence must be made in writing no later than one week in advance of the anticipated absence, and as soon as feasible in the event of an emergent situation. Students are strongly encouraged to make their requests as soon as possible (even if months prior to the start of rotation.) Click here for the [M3/M4 Clinical Experiences Absence Policy](#).

INSTRUCTIONS: Upon completion of the sections below, the student should email this form to the Clerkship/Elective Director for review. If approved, the email approval from the Clerkship/Elective Director must be emailed to your [OSA Advisor](#).

Student Name: _____ UIN: _____

Student Email: _____ Phone: _____

I am requesting approval for an absence from the following experience: ___ Clerkship ___ Elective

Title of Clinical Experience: _____

Location: _____

Date(s) of Absence: _____

Reason for Absence Check one.

The following **are often approved** at the discretion of the Clerkship/Elective Director:
(Written documentation of absence may be required.)

- ___ Illness of student, significant other or immediate family member
- ___ Funeral of family member
- ___ Doctor's appointment for student
- ___ Religious Holidays (*Documentation Not Required*)
- ___ Presentation at a conference
- ___ Own wedding
- ___ Jury duty (*Contact the Office of Student Affairs immediately*)
- ___ Court date
- ___ Residency interviews
- ___ Student representative on College of Medicine (COM) Committee
- ___ USMLE Examinations

The following **may be approved** at the discretion of the Director.
(Written documentation of absence may be required.)

- ___ Illness of extended family member or friend
- ___ Funeral of a friend
- ___ Wedding of a family member; participation in wedding of a non-family member
- ___ Teaching Electives
- ___ Attendance at a medical conference (*without giving a presentation*)
- ___ Other circumstances of an extreme, unanticipated, and compelling nature. Describe below.

To be completed by the Clerkship/Elective Director:

This absence is: ___ Approved ___ Not Approved

Director Name: _____ Date: _____