UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE

To Students:
Below is the text documenting that your absence(s) are excused by the clerkship leadership. It is important to have some closed-loop communication with your team to confirm they are aware of the absence and whether, in view of the absence, they advise any modifications your clinical schedule or your outside study to maximize your learning and patient care.

Dear Faculty Member and House Staff,
The UI College of Medicine permits a limited number of excused absences from clinical rotations (a total of one full day in every 2 week period) so medical students can attend to important issues outside of the rotation. The rotation director, not the site team or attending, will approve these absences when appropriate.

This form certifies that the clerkship director has approved an excused absence for

_____ on the following day/days.

Day 1 _____ Whole Day/Partial Day _____ (If partial, indicate approximate time student will miss on this day)

If relevant:

Day 2 _____ Whole Day/Partial Day _____ (If partial, indicate approximate time student will miss on this day)

Day 3 _____ Whole Day/Partial Day _____ (If partial, indicate approximate time student will miss on this day)

Day 4 _____ Whole Day/Partial Day _____ (If partial, indicate approximate time student will miss on this day)

Day 5 _____ Whole Day/Partial Day _____ (If partial, indicate approximate time student will miss on this day)

Day 6 _____ Whole Day/Partial Day _____ (If partial, indicate approximate time student will miss on this day)

The excused absence means that the student is not required to make up the missed time.
An excused absence is needed when students must miss time in excess of that already protected by the student work hour restriction, which allows one day per week free of clinical and didactic responsibilities.

Please contact us if you have questions or concerns about this excused absence.

Best regards,

Clerkship Coordinator, email *Clerkship Director, email*