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/ Sub-Internship Director for review, and copy your* ***OSA Advisor*** *.*

Student Name: _____ UIN: _____

Student Email: _____ Phone: _____

OSA Advisor Name: _____ OSA Advisor Email:_____

I am requesting approval for an absence from the following experience: ___ Clerkship ___Elective ___Sub-Internship

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/Sub-Internship 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 Clerkship/Elective/Sub-Internship 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/Sub-Internship Director:

This absence is: _____Approved _____ Not Approved

Director Name: _____ **Date:** _____