

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: _____