

REQUEST FOR EXCUSED ABSENCE

This form is to be completed by dental hygiene and dental students and submitted to the appropriate person (see bottom of page). The completed form should be submitted **AT LEAST 30 DAYS PRIOR** to scheduled absences or at earliest availability when absence is unforeseen but falls within the "excused absence" definition stated in the "attendance policy" (refer to the SOD Student Handbook).

Student Name: _____ CMS DID: _____ Today's Date: _____

Date(s) Requested: _____

I request permission to be away from class/clinic for the following reason(s): _____

Student covering patient emergencies (D3 & D4 only): _____

<u>CLASS & LABS TO BE MISSED</u> (List Name and Indicate if Lecture or Lab. Attached additional sheet if needed)	<u>FACULTY SIGNATURE</u> (Indicates Permission to Miss Class)
<u>CLINIC SESSIONS TO BE MISSED – A.M., P.M., BOTH</u> (DH, D3 & D4 ONLY)	<u>TEAM COORDINATOR'S OR DH CLINIC COORDINATOR'S SIGNATURE / APPROVAL</u> (Indicates Permission to Miss Clinic)

I understand that permission to miss class/clinic has been granted by faculty members who signatures appear above. I have the responsibility to self-assess if my absence will be detrimental to my individual academic standing and will remember academics are my first priority. I am responsible for securing class material missed during my absence. I also understand I will have to find coverage for any rotation I may have scheduled. I further acknowledge that each faculty member has the right to determine how absence(s) will be made up. It cannot be automatically assumed that quizzes/exams missed will be offered on a make-up basis. Make-up assignments, exams and quizzes will be at the discretion of the faculty member. **Medical absences related to a serious health issue require a physician's clearance to return to lab and clinic settings.**

Student Signature

Date

Approval: D1 & D2 students should submit the completed form to the Assistant Dean for Student Programs. D3 & D4 students should submit the completed form to the Associate Dean for Clinical Affairs. Dental Hygiene students should submit the form to the Dental Hygiene Program Director.

Approval Signature

Date