**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):

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