ABSENCE REQUEST

This form must be completed for absences ranging 1-4 days from clinical rotations. The student must obtain the Clerkship Director’s approval for any absence requests before submitting the form to Academic Affairs. A Clerkship Director may choose to give an incomplete or failing grade for unexcused absences. Absence requests must be submitted no later than 2 weeks prior to the start of the clerkship. Once approval is determined by the Clerkship Director, the completed form should be submitted to the Clinical Education Coordinator, Academic Affairs. Students are not to complete this form for absences ranging 1-14 weeks. Absences ranging 1-14 weeks must be requested on the Make-up Request form.

Name: ___________________________  Class of: ___________________________
Phone: ___________________________  Email: ___________________________

Clerkship rotation during absence: _______________________________________

Specific date(s) requested off (include half days): ___________________________

_____ 1. COMLEX Exam (Exam day only)

_____ 2. Conference/Convention – Documentation of student’s role in the conference must be submitted with request. Name of Organization: ___________________________
Presentation title (if presenting) ___________________________
Leadership Position ___________________________
(One day for conference and one day for travel will be permitted as an excused absence provided student is making a presentation or representing RowanSOM as a leader in a national group.)

_____ 3. Interview for Internship/Residency (Only 3 days permitted per 4-week rotation for 4th year interviews.)

_____ 4. Personal Day* (maximum of five personal days permitted during each academic year)

Please Note: The maximum is one personal day off per 2-week rotation, two personal days off per 4-6 week rotation and four days off per 8-12 week rotation. Absences beyond those limits (for any reason, including illness) may require the student to make up missed time.

Medical Student: ___________________________  Date: ____________
                      (signature)
Hospital Attending: ___________________________  Date: ____________
                      (signature)
Clerkship Director: ___________________________  Date: ____________
                      (signature)

Resident and Intern notified by student ___________  Beeper #s: ___________

Associate Dean, Academic Affairs (required for absence of 4 days)  Date: ____________
                      (signature)

* May be used for religious holidays. Unused personal days from Year 3 do not carry over into Year 4.