

**Western University of Health Sciences  
College of Veterinary Medicine**

**Absence Request Form**

**Policy regarding Excused Absence/ Medical Leave**

Although many opportunities to attend meetings and seminars will occur during the academic year, absence from courses to participate in these activities will not automatically be approved during the third year of the curriculum. If the student cannot attend assigned responsibilities because of a personal health problem or family medical problem, the student shall immediately notify the clinical preceptor and the Clinical Programs Office. It is the student's responsibility to provide a written physician's note to the clinical preceptor and to the Clinical Programs Office for absence exceeding 24 hours. Multiple absences due to health concerns during a course require a written physician's note. All lost time is expected to be made-up with weekend duty, or other arrangements at the direction of the clinical preceptor or the course director.

Should a student need to be away for any extenuating circumstance (due to illness or family emergency) for ½ day or longer during a course, an Absence Request form must be filled out and properly processed before the absence. Students are expected to make up days missed. Absence time will be made up by participating in the course for time equal to the absence or another method as determined by the course director and clinical preceptor. Granting permission for an absence is not guaranteed. The course director and clinical preceptor have the right to deny a request in order to meet learning objectives.

Failure to secure advanced approval will result in an Unexcused Absence (see page 10); and failure to make up missed assignment time will result in a "U" (Fail). A grade of Incomplete will stand until the missed time is made up.

Course/ \_\_\_\_\_

Dates of Absence: \_\_\_\_\_

Student Name: \_\_\_\_\_

Course site and Name of Clinical Preceptor:  
\_\_\_\_\_

Reason for absence:

Attached documentation:

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Course director signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Phase II signature \_\_\_\_\_ Date: \_\_\_\_\_