CREIGHTON UNIVERSITY SCHOOL OF MEDICINE
STUDENT ABSENCE/EXCEPTION REQUEST FORM
M1/M2 Students

This student absence/exception request form must be filled out for any absence (excused or unexcused) from a mandatory student activity.

1. Student Name: ________________________________________________________________

2. Activities/Dates Affected: ________________________________________________________

3. Purpose/Reason for absence, leave, rescheduled activity or student policy exemption:
   (Please give details supporting your request.)
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________  □ Continued on backside

4. I affirm that the reasons stated above are true and the complete basis for my request.

   Signature of Student: ____________________________ Date: ________________

5. Approval of Course/Component Director:

   Request:  □ Approved  □ Denied

   Comments/recommendations:
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

   Signatures of Course and Component Directors:
   ____________________________ Date: ________________
   ____________________________ Date: ________________

When all items above are completed, please return this form to the Office of Student Affairs. This request form will then become part of your permanent student record.

   Student Affairs: Request: □ Approved □ Denied

   Michael G. Kavan, Ph.D., Associate Dean (initial) ______________________________________

   Curriculum Coordinator (signature required) ___________________________________________

   Date: __________________________  □ Copy sent to Medical Education

Revised 11/22/06