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 and Component Director:

Request: ☐ Approved ☐ Denied

Comments/recommendations:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Name & Signature of Course and Component Director:
______________________________________________________________________________ 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 ☐ Denied

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

Curriculum Coordinator (signature required) __________________________________________________________________

Date: __________________________ Copy sent to Medical Education