Phase II Absence Excuse Request Form

Name: __________________________________________

Block# ______ A or C or both    Course number AND name__________________________
Year _______ [Blocks 10, 11 and 12 must have year taken specified]

Date(s) Absent__________________________________

REASON:

Doctor’s Appointment
Sick
National Boards
State Boards
Family Emergency
Other  (please elaborate)
______________________________________________________________________________

Block Mentor (sign and print name) ________________________________________________

Course Coordinator (sign and print name) __________________________________________

Note to last Faculty member signing:
DO NOT give back to student. Please send to the VCS OFFICE

Note to Student: (If highlighted)
This absence will bring you out of compliance with the absence rules listed in the Phase II student handbook, you are referred to the office of Student Affairs. In addition, approval of this request by the office of Student Affairs does NOT automatically guarantee approval by the appropriate faculty.

Note to Student Affairs:
If over the limit and approval is given please sign and return to student for appropriate faculty signatures.
If this is not approved please send to the VCS office.

Office of Student Affairs (sign) ____________________________________________

Approved _____________________  Not approved __________________________
