



UNIVERSITY OF CENTRAL FLORIDA
College of Medicine

Student Absence Form

Student's Name: _____ PID: _____

Request that I be excused from the following educational requirement due to extenuating circumstances (e.g. personal illness, personal emergency, death of a family member, etc.)

Mandatory Module/Clerkship Requirement _____

Please specify circumstance(s) _____

Please specify date(s) _____

By my signature below, I hereby acknowledge that this information is complete and accurate. False or fraudulent statements may result in disciplinary actions.

Student Signature _____ Date _____

Module or Clerkship Director Signature _____

Approved ☐

Disapproved ☐

Associate or Assistant Dean for Students

Date

Approved ☐

Disapproved ☐

Notes: _____
