UC RIVERSIDE
School of Medicine

Request for Approved Absence / MS1, 2 and 3

Student Name: _____

Student ID: _____

Today's Date: _____

Date(s) of Absence:_____

Reason for Request:

_____

_____

_____

NOTE: Documentation confirming reason must be attached (e.g. doctor's note, conference invitation, etc.)

Educational Component(s) Missed:

_____

_____

NOTE: Student is responsible for all material and missed assignments as determined by the Block Coordinator.

_____ Approved   _____ Approved with condition   _____ Not approved

Condition: _____

Block Director: _____

_____ Approved   _____ Approved with condition   _____ Not approved

Condition: _____

Dean of Student Affairs: _____

NOTE: Request MUST be approved by both the Block Director and the Dean of Student Affairs PRIOR to the absence date.