



Request for Time Off / MS4

Student Name: _____

Today's Date: _____

Date(s) of Absence: _____

Reason for Request:

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

Educational Component(s) Missed:

NOTE: Student is responsible for all missed work as determined by the Preceptor.

Does the faculty preceptor require that the lost time be made up? Yes____ No____

If time needs to be made up will this be arranged by the preceptor? Yes____ No____

If yes, provide date and time _____

*NOTE: Request **MUST** be submitted to Rotation Preceptor **PRIOR** to the absence date. Incomplete forms will **NOT** be accepted*

Return to 4th year Clerkship Coordinator
Kathleen Witty – kwitty@medsch.ucr.edu

Final Approval:
Fourth Year Clerkship Director Signature _____