

**University of Kentucky College of Medicine
Absence Request Form**

Please type or print. You must provide all requested information.

Student's name: _____

Today's Date: _____

Dates absent: _____

I will be absent from the following class(es), clerkship(s), and small group(s)
— list all:

Name of instructor(s), attending, preceptor and her/his department:

I, the student, have informed the instructor(s)/attending (*required*): Yes No

I have informed another student on my clinical rotation (if applicable): Yes No

The reason for my absence is: Illness Funeral Other

Details:

Student's signature: _____

Beeper: _____

Home phone: _____

Email: _____