DVM Excused Absence Form

NAME OF STUDENT: ________________________________ DVM CLASS YEAR: __________________

CSUID: ________________________________ TERM: __________________

Date(s) requested for excused absence: ________________________________

Reason for requested excused absence: ________________________________

Obtain approval from EACH instructor for course affected by requested excused absence.

Course Number/Title: ________________________________ Total Class Hours Absent: __________

Instructor Approval: Print Name: __________________ Signature: __________________ Date: __________

Course Number/Title: ________________________________ Total Class Hours Absent: __________

Instructor Approval: Print Name: __________________ Signature: __________________ Date: __________

Course Number/Title: ________________________________ Total Class Hours Absent: __________

Instructor Approval: Print Name: __________________ Signature: __________________ Date: __________

Course Number/Title: ________________________________ Total Class Hours Absent: __________

Instructor Approval: Print Name: __________________ Signature: __________________ Date: __________

Course Number/Title: ________________________________ Total Class Hours Absent: __________

Instructor Approval: Print Name: __________________ Signature: __________________ Date: __________

Course Number/Title: ________________________________ Total Class Hours Absent: __________

Instructor Approval: Print Name: __________________ Signature: __________________ Date: __________

Students must inform their instructors/clinicians prior to the anticipated absence and make up missed work in the same semester of registration in the course. Students must assume responsibility for requesting excused absences for legitimate reasons, and Instructors/Clinicians must assume responsibility for objectively evaluating those reasons. Students whose record exceeds five excused absence requests in one academic year will become subject to review for legitimacy by the Associate Dean. Please review the complete DVM Program Class Attendance Policy on the DVM Student Services website.

Student Signature: ________________________________ Date: __________

DVM Program Approval: ________________________________ Date: __________

Associate Dean of Veterinary Academic and Student Affairs

Total number of hours approved for this request: __________ Total excused absence requests for current academic year: __________

Date received: __________ Date email sent: __________ Initials: __________

3/2015