Clerkship Absence Request

Absence Information

Student Name: ____________________________

Clerkship: ____________________________  Site: ____________________________

Dates of Absence: From: ____________________________  To: ____________________________

Reason for Absence (examples of excused absences include traveling to present original work at national meetings, family wedding or participation in a wedding party, death in the family, personal or immediate family illness; examples of unexcused absences include traveling to spend time with significant other, attending to other SOM course assignments or attending to elective doctor appointments). Please be aware some make up work will be required in lieu of attendance.

You must submit requests for absences, other than illness or death in the family, at least 4 weeks prior to the first day of the affected clerkship to the clerkship director and Anna Delaney (delaney@Mail.med.upenn.edu).

Student Signature ____________________________  Date ____________________________

Approval

☐ Approved
☐ Rejected

Comments: ____________________________