Tuskegee University
College of Veterinary Medicine

# Excused Absence Policy for Clinical Rotation

This form must be completed for ALL absences from clinical rotation activities, including those resulting from illness or family emergencies. Requests for scheduled excused absences should be submitted as far in advance as possible. **Approval is not granted until both the clinical rotation instructor and the Head of the Department have signed the form.** For absences due to illness or family emergencies, this form must be submitted no later than two (2) days after the absence. Failure to complete and submit this form with all required signatures will result in each missed day of the clinical rotation being recorded as an unexcused absence. Please attach any supporting documentation, if applicable.

Student Name: _____
Clinical Rotation: _____
Date (s) requesting to be absent: _____
Reason for absence (Pease be specific as possible):

_____
_____
_____

Student Signature: _____ Date: _____

Clinical Rotation Instructor: Please describe the remediation plan discussed and agreed upon with the student. A remediation plan is required for **all absences**, regardless of the reason for the absence. The plan should outline how the student will make up missed clinical time and/or required learning activities to ensure all clinical course objectives are met.

_____
_____
_____

**Approved by:**
Clinical Rotation Instructor: _____ Date: _____
Head of Department: _____ Date: _____

*Rev: 8/20/26-dmck/dm*