

Tuskegee University
College of Veterinary Medicine
Excused Absence Form for Clinical Rotations

This form must be completed for ALL absences, including illnesses/family emergencies, from clinical rotation activities. Request for scheduled excused absences are to be submitted as far in advance as possible. Scheduled absences are not approved *until* signed by both the instructor of the rotation and the Head of the Department. For illnesses/family emergencies, the form must be submitted no later than (2) days following the absence. Failure to complete this form and obtain required signatures will result in an unexcused absence for each day missed during the clinical rotation. Please attach (if any) all supporting documents.

Student Name: _____

Clinical Rotation: _____

Date(s) requesting to be absent: _____

Reason for absence (Please be specific as possible):

Student Signature: _____ **Date:** _____

Rotation Instructor: State below the remediation plan as discussed and agreed upon with the student. Please note that a remediation plan is required for all absences. _____

Approved by:

Rotation Instructor: _____ **Date:** _____

Department Head: _____ **Date:** _____