

FORM "A"
JUSTIFICATION FOR CLINICAL ABSENCE
AND
REQUEST FOR MAKE-UP

Student Name: _____

Current Date: _____

Date of Absence: _____

Reason for Absence:

Supporting Documentation:

Doctor's Excuse	yes	no	(please attach)
Court Summons	yes	no	(please attach)
Other	yes	no	(please attach)

Number of clinical absences this semester: _____

Number of total clinical absences this semester: _____

Conference required: yes no

Date and time of conference: _____ N/A

Make-Up approved: yes no

Signature of Clinical Director: _____ Date: _____

Signature of Student: _____ Date: _____