

Year 1 & Year 2 Request for Absence (2016-17)

Save this document with your name in the title and email the completed form to studentservices@med.wisc.edu

- Please note the attendance policies stated in the Student Handbook, including those related to excused absences. (See Attendance Policy—Notices/General Information/Policies).
- Your request will be considered, but not necessarily granted. You must have “approval granted” status from the Dean for Student’s Office (DFSO) & your Course Director(s). An unexcused absence may result in disciplinary action.
- Students are expected to make their request as soon as they learn of a need to be absent. If you are requesting reimbursement through MSA, the form must be turned in 4 weeks prior to travel. Students will be notified via e-mail within a reasonable period of the DFSO’s decision to recommend approval. If students are recommended approval, they are to receive course director approval for any required activities they are missing. The form should then be returned to the DFSO’s office for final approval. The DFSO will track and record all absences.

*** (Please type your information into the appropriate tan-colored fields, and leave all other fields blank) ***

Date (mm/dd/yyyy):		Student Level (M1 or M2):		
Last Name:		First Name:		
Course: Please type an 'X' next to the course(s) you are missing required activities in.	M1 Courses		M2 Courses	
	1 st Semester		1 st Semester	
		Patients, Professionalism & Pop Health		FM1
		Body in Balance		FM2
				CV
				Renal
				Respiratory
				PDS3
				Integrative Case
	2 nd Semester		2 nd Semester	
		Food, Fasting, and Fitness		FM3
		Human Family Tree		FM4
				GI
				Endocrine
				Heme
			MSK	
			Neuro	
			PDS4	
			Integrative Case	
Dates Requested From: (mm/dd/yy)		To: (mm/dd/yy)		
Number of hours absent: (If less than 1 day)		Number of days absent: (If 1 or more)		
Reason for Absence				
Be Specific! If attending a Conference, include: role at the conference, title, date, location; sessions you are required to attend, if presenting, include the title. If requesting for personal reasons, include as much information as possible (Dates/times/location)				
Reason for absence				
What activities will you miss?				
I will be missing the following activities: (Activity 1, Activity 2, etc.)				
Who is Traveling with you?				
Students traveling with you:				
Are you requesting MSA Funding?		Yes _____	No _____	
1. Student Signature: _____				
Office of Student Services: Recommends Approval _____ More information Required _____ Denies Request _____				
2. Dean for Student’s Office Signature: _____				
3. Course Director Approval Granted (Date/Initials): Approve _____ Denied _____				
4. Office of Student Services Approval Granted (Date/Initials): _____				