



# University of South Alabama – College of Medicine Request to be absent from school

Complete form – email or drop off in the Student Affairs office at campus or in Mastin #202  
[kroveda@southalabama.edu](mailto:kroveda@southalabama.edu) – campus  
[kbraswell@southalabama.edu](mailto:kbraswell@southalabama.edu) – Mastin #202

Student name LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ (m) \_\_\_\_\_

jagmail email: \_\_\_\_\_ Class of: \_\_\_\_\_

Date submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Module, clerkship or M4 course requesting to be excused from: \_\_\_\_\_

I request to be absent from my curricular activities or clinical duties on the following date/s:

\_\_\_\_\_

The purpose of this absence is due to the follow (check off box below)

- Personal illness
- Illness of a family member
- Emergency
- Jury Duty
- Birth of a child
- Presentation at a professional meeting
- Provider's appointment for self or family member
- Life Event *(must request at least 2 weeks in advance – describe below)*

List any additional comments for clarification below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section below to be completed by Associate Dean for Student Affairs or designee

Approved by: \_\_\_\_\_

Date approved: \_\_\_\_\_

Module, clerkship or course director notified: \_\_\_\_\_

Date notified \_\_\_\_\_