



1501 Kings Hwy.  
Shreveport, Louisiana 71130-3932

## REQUEST FOR ABSENCE FROM CLERKSHIP

Student \_\_\_\_\_ Class of \_\_\_\_\_

Block dates \_\_\_\_\_ Clerkship \_\_\_\_\_

Rotation Site \_\_\_\_\_

I am requesting permission to be absent from clinical rotation duties for the following:

Date(s) of Absence \_\_\_\_\_

Reason for Absence:

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

Total Number of Days Absent This Clerkship: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**DISPOSITION:**

- This absence will not require remediation.
- This absence will require remediation of \_\_\_\_\_ number of days.

Approval of Course Director \_\_\_\_\_

After completion, please retain in your departmental file.