

Student's Name	GSBS Program	Date of Request
Requested or Actual Dates of Absence	From:	To:
<p>CIRCUMSTANCES OF ABSENCE</p> <p><input type="checkbox"/> Illness (Attached doctor's Note is required)</p> <p><input type="checkbox"/> Recognized Religious Holiday _____</p> <p><input type="checkbox"/> Significant Family Issues _____</p> <p><input type="checkbox"/> HSC Representative to Meeting _____</p> <p><input type="checkbox"/> Medical School Interview _____</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p>		

Student Signature

Students are required to list events or courses that were (will be) missed during absence and obtain Course Director approval	
Affected Course(s)/Lecture(s)	Course Director Approval (signature required)
1)	
2)	
3)	
4)	
5)	
<p>Students are required to list all Exams that were (will be) missed during absence and obtain Course Director Approval. Missed exams must be approved in advance, unless student was ill and has a Doctor's Note.</p> <p>Make up Exams for all Core Classes need to be scheduled with Tiffany Murdock, email @ tiffany.murdock@hsc.unt.edu</p>	
Affected Course(s)/Exam(s)	Course Director Approval (signature required)
1)	
2)	

Assistant Dean Signature

<p><u>Course Directors are requested to list make-up requirements (if any)</u></p>
