# Graduate School of Biomedical Sciences

**Excused Absence Notification and Approval**

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| **Student’s Name** | GSBS Program  MS PhD | Date of Request |
| **Requested or Actual Dates of Absence** | **From:** | **To:** |
| **Circumstances of Absence**  Illness (Attach doctor’s Note)  Recognized Religious Holiday  Significant Family Issues  HSC Representative to Meeting  Presenting Abstract or Poster at Meeting  Other  ***Provide documentation for all of the above, with the exception of the Recognized Religious Holiday.*** | | |

##### Student Signature

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| 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)** |
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| 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. Make **up Exams for all Core Classes are to be scheduled with the Course Director. You have a maximum of 3 work days after the absence to submit this form. If not submitted within the time limit, the absence will NOT be excused.** | |
| Affected Course(s)/Exam(s) | Course Director Approval (signature required) |
| 1) |  |
| 2) |  |

##### Associate Dean Signature

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| **Course Directors are requested to list make-up requirements (if any)** |

Submit Completed Form to Carolyn Polk, GSBS, CBH Building, Suite 345, Room 352

rev 8/14