REQUEST FOR AN EXCUSED ABSENCE FORM

All requests must be approved by the Associate Dean for Preclinical. You will receive an email at your TU address with the decision and the steps to take thereafter.

1. Name: _________________________________
2. Class of:   □ 2019   □ 2018
3. Phone number: ________________
4. Email: _________________________@TU.EDU
5. Date of Absence(s): ________________
6. Date request submitted: ________________
7. Reason for Request (Please attach any supporting documentation):
   ________________________________________________________________
   ________________________________________________________________
8. Does your absence fall on an examination day?   □ Yes   □ No
9. In which courses are you missing lecture/lab?   □ IS   □ OMM   □ OD   □ OTHER _________
10. If you are missing lab, what is your assigned lab group?   □ A   □ B   □ C
    Are you planning on switching labs?   □ Yes   □ NO
*NOTE: All planned laboratory switches must be completed 1 week prior to laboratory session.
Name of person with whom you are switching: ____________________________________________
Which lab group(s) are you requesting to switch into? (Please indicate all that apply to your absence)
   □ OMM □ Doctoring □ Basic Science □ Other:____________________________________________
Which lab group(s) is the person you are switching with normally in? (Please indicate all that apply)
   □ OMM □ Doctoring □ Basic Science □ Other:____________________________________________
Signature of person with whom you are switching: ____________________________________________

For Administrative use only:
Request Approved: □ Yes □ NO   Date: ________   Date Faculty Notified: ________
Signature: ________________________________
H. Eduardo Velasco, PhD, MSc, MD, Associate Dean, Preclinical Education

Fulfillment of makeup work allowed by this excused absence must take place within 2 weeks of approval date unless otherwise authorized by Dr. Velasco, in agreement with the respective instructor.