

Department of Physician Assistant Studies

Request for Planned Absence

Each instructor whose class will be missed should sign this form. The student will give this form to his/her advisor. Only one planned absence is allowed per semester. Planned absences cannot be taken on exam days or clinical days.

Student Name	Date of Request	Date of Planned Absence	
	Course Instructor Signature	e(s)	
Course	Instructor I	Instructor Name	
Instructor Electronic Signature	Date	Date	
	nis box and typing my name abov ge the above student will be abser		
Course	Instructor I	Instructor Name	
Instructor Electronic Signature	Date		
_	nis box and typing my name abov ge the above student will be abse		
Student Electronic Signature	Date		
9	nis box and typing my name abov ge I am responsible for all materi	e constitutes a legal signature ial covered in class on the day I will	