

Master of Physician Assistant Studies Program

EXCUSED ABSENCE REQUEST FORM

UNIVERSITY of NORTH TEXAS HEALTH SCIENCE CENTER at Fort Worth

School of Health Professions

Student's Name	Class of	Date of Request
Date(s) of Absence	From:	To:

CIRCUMSTANCES OF ABSENCE

Please attach any documentation you have such as a doctor's note for illness to this form.

- ☐ Illness (*Documentation may be required if exceeds 1 day.*)
- ☐ Religious Holiday (*See Student Policy S/UNTHSC/General-03*)
- ☐ Family Issues (*Explain below.*)
- ☐ HSC Representative to Meeting (*Explain below.*)
- ☐ Present Abstract or Poster at Meeting (*Explain below.*)
- ☐ Other (*Explain below.*)

I attest that the above statements are true to the best of my knowledge:

Student Signature

Students are required to list events or courses that were (will be) missed during absence and obtain Course Director approval

Please list in detail the affected course and event (please state if it's an exam, CIL, quiz, etc. along with the course name)

Course Director Approval (signature) is required

1)

2)

3)

4)

5)

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

Completed Form must be submitted to Physician Assistant Studies Department.