

**Preclinical (M1/M2) Excused Absence Limited Leave Request Form**  
**College of Medicine**

For anticipated events, submit the form for approval no later than 30 days prior to the start of the class. For unanticipated events, submit the form within 24 hours after returning. For details, refer to policy COM130 (on OLSEN).

**Affected Class Title and Course #:** \_\_\_\_\_

**Affected Class Location:** \_\_\_\_\_ **Date(s) Taken or Requested Off:** \_\_\_\_\_

**Reason for Anticipated Absence:**

- Wedding (member of wedding party)
- Preventative or routine health care appointment for self or dependent (Include documentation of visit)
- Religious observance/Holy Day
- Jury duty or other legal obligation (Include documentation)
- Attendance at professional meeting (Include copy of the acceptance, including date, title and meeting name)
- Funeral (death of a close family member)
- Other (briefly describe):

**Reason for Emergent Absence:**

- Acute illness/urgent medical care appointment of self or dependent (Documentation required if absent more than 2 days)
- Emotional/Mental Health Crisis (no specific details needed. Care Concern submitted)
- Other (briefly describe):

Additional information regarding absence (e.g., name of religious holiday; relationship to person getting married, or for funeral; etc.)

**Student Name:** \_\_\_\_\_ **Signature & Date:** \_\_\_\_\_

**Sr. Assistant Dean - Preclinical Curriculum (Typed):** \_\_\_\_\_

**Signature & Date:** \_\_\_\_\_

**Sr. Asst Dean will send approved forms to Ke'Nosha Anderson: [kande110@uthsc.edu](mailto:kande110@uthsc.edu)**

**Received in Office of Medical Education (Signature & Date):** \_\_\_\_\_