

Phase 2 Absence Request Form

Save this document with your name in the title and email the completed form to the appropriate Block Administrator.

- Please note the attendance policies stated in the [Student Handbook](#), including those related to excused absences.
- Your request will be considered, but not necessarily granted. You must have "approval granted" status from the Phase 2 Coordinator. An unexcused absence may result in disciplinary action or failure of the clerkship.
- Students are expected to make their request as soon as they learn of a need to be absent. If you are requesting reimbursement through MSA, the form must be turned in 4 weeks prior to travel. Students will be notified via e-mail within a reasonable period of the decision.
- The Dean for Student's Office (DFSO) will track and record all absences.

*** (Please type your information into the appropriate tan-colored fields, and leave all other fields blank) ***

Date: (mm/dd/yyyy)		Student Level: (M2 or M3)	
Last Name:		First Name:	
Clinical Block: Please type an "X" next to the Clinical Block you are requesting to be absent from.		Care Across the Life Cycle niksic@wisc.edu	Location:
		Chronic & Preventative Care walshrodgers@wisc.edu	Please type the location of the clinical block you are requesting to be absent from.
		Acute Care walshrodgers@wisc.edu	
		Surgical and Procedural Care niksic@wisc.edu	
		Other _____ (e.g. Phase 2 Orientation) niksic@wisc.edu	
Phase 2 Track: <input type="checkbox"/> TRADITIONAL <input type="checkbox"/> TRIUMPH <input type="checkbox"/> WARM			
Date Requested From: (mm/dd/yy)		Date Requested To: (mm/dd/yy)	
Hours Absent: (If less than one day)		Days Absent: (If one or more)	
Reason for Absence:			

FOR OFFICE USE ONLY	
Approval Granted	
Required Make-up:	
Comments:	
Signature:	
Administrator: Forward completed form to student and Student Services (studentservices@med.wisc.edu).	