Michigan State University  
College of Human Medicine  

Block III Absence Request for  
Required and Elective Clerkships  

This form must be completed for **ALL** absences from clerkship activities. Requests for scheduled time off are to be submitted at least 30 days prior to the date(s) of absence whenever possible. Requests for scheduled time off arising less than 30 days prior to the date(s) of absence should be submitted as soon as possible. For unforeseen absences due to illness or family emergency, this form must be submitted no later than **two days** following the absence.

**Scheduled absences are not approved until signed by both the Clerkship Director and the Community Administrator.** Failure to complete this form and obtain required signatures will result in an unexcused absence from the clerkship, resulting in an unprofessional behavior mark.

---

**For completion by student:**

Student Name:  
Clerkship:  
List date(s)/time(s) requested for scheduled absence:  
OR  
List date(s)/time(s) for unscheduled absences due to emergency/illness:  
Reason for absence (please be specific):  
Student Signature:__________________________________ Date:__________

---

**Reviewed by Community Administrator:**__________________________________ Date:__/__/__

---

**For completion by clerkship director:**

Do you approve the absence(s) listed above as excused: □ Yes □ No  
If yes, please specify the remediation required for this absence and discuss with the student (a remediation plan is required for all absences).

____________________________________________________________________________________________________________

_______________________________________

_______________________________________

Approved by Clerkship Director:__________________________________ Date:__/__/__

---

**Final Approved by Community Administrator:**__________________________________ Date:__/__/__

---

For Community Administrator use only: Copy to Student and Clerkship Director on __/__/__