University of Missouri - Columbia  
School of Medicine  
**Years M-1 and M-2**  
Student Request For Excused Absence

***Approval of an absence is at the discretion of the Associate Dean for Student Programs and Professional Development, who will answer questions and discuss individual situations on request. You must ask for approval of a planned absence at least two weeks in advance, and obtain approval of an unplanned absence as soon as you return. A copy of this form will be maintained in the Office of Medical Education (OME). Please refer to the Student Handbook for the full policy.***

Student Name/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date\_\_\_\_\_\_\_\_\_\_\_

Date(s) Absent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Block from which absence is requested (or occurred) and required curriculum component missed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for absence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Approved \_\_\_\_\_Disapproved

Dean's Signature

***You are responsible for notifying faculty of missed sessions, and for making up all missed work. You must obtain the following signatures (where appropriate) to confirm that you have discussed your situation with all affected faculty and peers.***

------------------------------------------------------------------------------------------------------------------

Obtain initials from the following individuals indicating their approval (approval is needed from each person whose session is missed):

\_\_\_\_PBL Facilitator \_\_\_\_PBL Lab Group notified

\_\_\_\_BS/PBL block director

\_\_\_\_IPC Facilitator \_\_\_\_IPC Lab Group notified

\_\_\_\_IPC Block Director

**\_\_\_\_**ACE Preceptor \_\_\_\_ACE coordinator/director

\_\_\_\_APD preceptor

\_\_\_\_PIE/PIC preceptor \_\_\_\_PIE/PIC group notified

Signature of Basic Science/PBL Director