



Form F — Absence Report Form

Master of Science in Physician Assistant Studies

In the event of *any* anticipated absence during the *pre-clinical phase* or to request a *leave of absence any time during the program*, the student must complete this Absence Report Form and submit it to the Program Director a minimum of seven (7) days in advance of the anticipated absence. For unplanned absences, following required notification to the course director(s) via email, this form should be completed and submitted to the MSPAS office as soon as possible. Documentation supporting the unplanned absence should be provided when applicable.

Student Name (PRINT): _____

Anticipated date(s) off: _____

Class(es)/Shift(s) missed: _____

Reason for Absence: (state general reason without detail about illness/condition/personal issue; for a leave of absence, address bullet points from the Leave of Absence policy)

Student Signature: _____ Date Submitted: _____

Program Use Only

Excused: Unexcused:

Course Director Signature(s): _____ Date: _____

Program Director Signature: _____ Date: _____

SEC Chairperson Signature (LOA only): _____ Date: _____

Program Instructions/Comments: