



American University of the Caribbean  
School of Medicine

# Clinical Student Absence Request Form

This form must be completed and approved prior to absence from your rotation. Please complete one request per rotation.

## Student Information

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Telephone# \_\_\_\_\_

## Rotation Information

Hospital Name	Rotation Name	Requested Absence Dates
_____	_____	_____

## Reason for Absence (if other than residency interview)

\_\_\_\_\_

## Residency Interview Information (if applicable)

Program/Hospital Name	City, State	Interview Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Authorizations/Signatures

Attending Physician Name	Attending Physician Signature	Date
_____	_____	_____

Site Director Name	Site Director Signature	Date
_____	_____	_____

AUC Dean Name	AUC Dean Signature	Date
_____	_____	_____

Please submit the completed form to the Office of Clinical Student Affairs (OCSA).

Email: [advisors@aucmed.edu](mailto:advisors@aucmed.edu), Fax: 786-228-3004, US Mail: 901 Ponce de Leon Blvd, Ste. 700, Coral Gables, FL 33134

Note: A request for an excused absence must be completed for all residency interviews. The granting of time off for interviews is dependent upon satisfactory fulfillment of the educational guidelines and approval from the attending and site director. Leaving the rotation without prior approval will result in a failure and possible disciplinary action.