

**AMERICAN UNIVERSITY OF THE CARIBBEAN SCHOOL OF MEDICINE**

**REQUEST FOR EXCUSED ABSENCE DUE TO ILLNESS**

Submit this form to the Office of Student Affairs at this link:

<https://app.smartsheet.com/b/form/562ea37ab984468e864d6f8cbcff98d8>

**Name of Student:** \_\_\_\_\_ **Student #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Physician Certification (to be completed by the examining physician):

*I certify that I have examined the student named above and diagnosed him/her with a medical condition that is sufficiently serious to prevent participation in academic activities for the following reasons.*

Expected duration: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe the impact of the illness on the student:

\_\_\_\_\_

\_\_\_\_\_

Signature and License No. of Examining Doctor: \_\_\_\_\_

Physician Signature                      License Number

Will you miss any exams? \_\_\_\_ Yes \_\_\_\_ No

If yes, you must specify:

Course: \_\_\_\_\_ Exam: \_\_\_\_\_

Course: \_\_\_\_\_ Exam: \_\_\_\_\_

Course: \_\_\_\_\_ Exam: \_\_\_\_\_

Course: \_\_\_\_\_ Exam: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT'S CONSENT TO RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby consent to release of medical records to the AUC for the purpose set out in the Examining Doctor's Certification set out above.

(Student signature)

**Circle Enrolled Classes**

**SEMESTER 1**

MCB I  
Gross Anatomy  
Embryology  
Histology  
ICM 1

**SEMESTER 2**

MCB II  
Physiology I  
Immunology-Infection  
Biostatistics/Epidemiology  
ICM 2

**SEMESTER 3**

Pathology I  
Physiology II  
Medical Microbiology  
ICM 3

**SEMESTER 4**

Pathology II  
Med Pharmacology  
Neuroscience  
ICM 4.1

**SEMESTER 5**

Beh. Science  
ICM 5.1  
ICM 6  
Med Ethics

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**APPROVED:** \_\_\_\_\_ Date \_\_\_\_\_ Schedule for make-up exam \_\_\_\_ Yes \_\_\_\_ No  
Assistant Dean of Student Affairs Signature