

QUEEN'S UNIVERSITY
FACULTY OF HEALTH SCIENCES
UNDERGRADUATE MEDICAL EDUCATION

APPROVAL FORM FOR TIME OFF

Student's Name: _____

Class of: _____

Email address: _____

Requested dates of Absence: _____

Reason for Absence: *(Please check as applicable)*

CONFERENCE LEAVE

Conference Leave policy applies to the day of the presentation and up to two days travel time (depending on location)

Details: _____

OTHER

Details: _____

Mandatory Session Arrangements (If any absence includes any of the following sessions please provide a description of arrangements that have been made to make up the missed sessions)

<u>Session</u>	<u>Tutor Name</u>	<u>Signature</u>	<u>Arrangements for Session</u>
Clinical Skills			
Small Group Sessions (FSGL, Case Based Learning)			

Supervisor's Approval: _____ Date: _____

UGME Associate Dean Approval: _____ Date: _____