

ABSENCE FORM FOR VISITING MEDICAL STUDENTS

STUDENT NAME: _____

ROTATION: _____

DATES OF ROTATION: _____

ABSENCE DATES REQUESTED: _____

PURPOSE OF ABSENCE: _____

FACULTY SPONSOR: _____

APPROVAL SIGNATURE

DATE: _____

PLEASE RETURN FORM TO:

**Andrea Beyer
Cleveland Clinic Elective Office
Lerner Building – 2nd Floor NA2-05**