## ABSENCE FORM FOR VISITING MEDICAL STUDENTS

STUDENT NAME:
ROTATION:
DATES OF ROTATION:
ABSENCE DATES REQUESTED:
PURPOSE OF ABSENCE:
FACULTY SPONSOR:APPROVAL SIGNATURE
DATE:

Andrea Beyer Cleveland Clinic Elective Office

PLEASE RETURN FORM TO:

**BEYERA@CCF.ORG** FAX: 216-636-1348