

**Department of Communication Sciences and Disorders  
Student Absence Request from Scheduled Responsibilities**

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**Student's Name:** \_\_\_\_\_

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**Date(s) of Absence:** \_\_\_\_\_

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**Reason and Rationale for Absence**

- Academic Related Leave (considered professional activity)
- Medical Leave
- Personal Leave

**Rationale:** \_\_\_\_\_

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**Classes Missed [include course title and instructor(s)]**

I have been made aware of the absence in a professional and timely matter:

**Class:** \_\_\_\_\_ **Instructor signature:** \_\_\_\_\_

**Class:** \_\_\_\_\_ **Instructor signature:** \_\_\_\_\_

**Class:** \_\_\_\_\_ **Instructor signature:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Clinic Missed [(include supervisor(s) and day(s)/time(s))]**

I have been made aware of the absence in a professional and timely matter:

**Clinic:** \_\_\_\_\_ **Supervisor signature:** \_\_\_\_\_

**Clinic:** \_\_\_\_\_ **Supervisor signature:** \_\_\_\_\_

**Clinic:** \_\_\_\_\_ **Supervisor signature:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Other Responsibilities Missed**

**Student**

I consider the absence to be unavoidable and the above to information to be considered to be correct.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DCE Signature

\_\_\_\_\_  
Date

Route to Department Chairperson once completed and signed