

Undergraduate Medical Education Program- Clerkship Absence Form

Please note: Prior to completion of this form, you are required to read the approved time off policy document posted under 'Clerkship' on the [UGME Policies & Regulations](#) page.

I confirm that I have read and understand this document.

Student Name:

Date Submitted:

Dates Requested:

Students are required to submit time off requests no later than six weeks prior to the start of the affected rotation. If this request has not been submitted by this time, please indicate the reason(s) why:

Please note: Statutory Holidays and weekends are not assumed days off during Clerkship. Clerks must indicate the complete period of time off requested. If you are being released from call on the weekend before or after your requested time off, please include all of those dates. PIER sessions and COE are mandatory.

Reason(s) for request: Academic Personal

Please attach any/all relevant documentation in support of this request- i.e. conference program, pertinent invitation(s) etc.

Indicate the rotation that will be affected if this request is approved - i.e. supply the location and preceptor's name.

Office information only:

Received by:

Date :

Approved: Yes

Date student notified of decision:

No

Reason if unapproved:

Please complete this form electronically and send to:

DMNS students: ugme@dal.ca

DMNB students: dmnb.leave@dal.ca