

Instructions: Requests must be made as early as possible, but at least 3 weeks in advance of requested time off (except for emergencies). After completing this form, give it to Dr. Nielsen in the OME. If she approves your request, return it to Dr. Holmes, for his approval to 197 Farber Hall. This form will be forwarded to your preceptor and / or small group facilitator to notify them. If you need to make up work, such as a quiz, you need to make those arrangements ahead of time with the clerkship secretary and your group facilitator.

Name: _____ Date: _____

Preceptor: _____

Small Group Facilitator: _____

Day, Date, and Time of Requested Time Off: _____

Reason for Requesting Time Off: _____

Student signature

The requested time off: ? is approved ? is not approved ? is approved with the following conditions

Nancy Nielsen, MD Ph.D
Assistant Dean and Professor of
Clinical Medicine

Date

The requested time off: ? is approved ? is not approved ? is approved with the following conditions:

David Holmes, M.D.
Director of Third Year Clerkship

Date