

PERIOD 4 RESIDENCY INTERVIEWS
REQUEST FOR EXCUSED ABSENCE

Last Name:		First Name:	
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Place of Interview:	
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Complete the table below for all courses from which you are seeking an excused absence.

Name of Course	Dates Requesting to be Excused

How will you make up missed course work?

Please list the name of your preceptor at the time of the planned absence. Student must notify his/her preceptor of planned absence(s) and seek approval prior to submitting this form.

Name of Preceptor	Approval Signature*	Date

**Preceptor may alternatively send an e-mail to COMPeriod4@fiu.edu to indicate his/her approval in lieu of signature.*

I have notified all of the above preceptor(s) and have received permission to be excused on the above dates. I agree to make up all missed assignments by the end of the rotation. I will upload a copy of my residency interview confirmation to the OSA portal along with this form.

Student's Signature

Date