



Doctoring/Advanced Doctoring Absence Request Form

*ALL PRE-APPROVED REQUESTS MUST BE RECEIVED **30 DAYS PRIOR TO THE START OF THE CLERKSHIP/ELECTIVE***

Permission Request by: _____ to be absent from:

EMD FMD MED NRL PED PYC SUR WOH Other: _____

CM: DOCTORING

Reason for the absence: HEALTH/WELLNESS LIFE EVENT SCHOLARLY PRESENTATION OTHER

If less than 30 days from start of clerkship, please explain reason for absence:

Dates Requested (include exact time away for doctor, dental, etc., appointments):

Return completed form via email to the appropriate department as indicated below:

EMD - lynn.dewine@wright.edu

FMD - juanita.griffin@wright.edu

MED - melissa.marano@wright.edu

NRL - melissa.marano@wright.edu

PED - rebecca.elofskey@wright.edu

PYC - samantha.holcombe@wright.edu

SUR - corrie.boyer@wright.edu

WOH - darla.todd@wright.edu

ORS - lynne.buckingham@wright.edu

DRM - cindy.dempsey@wright.edu

CM:Doctoring - Amanda.bell@wright.edu or katrina.davis@wright.edu.

FOR OFFICE USE ONLY

Dates Approved: _____

Make-Up Dates:
(if applicable) _____

Comments: _____

Clerkship / Elective Director Date

Student Coordinator Date

Student notified of decision (date): _____

Applicable documentation attached? (Y/N): _____