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): ____________