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 - heidi.retrer@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):

__________________________________________________________________________

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