Butler University Physician Assistant Program

REQUEST FOR EXCUSED ABSENCE DURING ROTATION

Students are expected to be present during all shifts designated by the preceptor. If a student needs to request a day off, this form must be submitted to the Director of Experiential Education at least 2 weeks in advance of the requested date for consideration. There is no guarantee that the request will be approved, and approval is situation dependent based on the information provided.

(Refer to the COPHS Student Handbook Attendance policy regarding excused and unexcused absences.)

Date of Request: _____

Student Name: _____

Rotation #: _____ **Dates of Rotation:** _____

Specialty: _____

Date of Requested Excused Absence: _____

Reason for Request: _____

_____

_____

_____ _____

Student signature *Preceptor signature*

Submit this request to the Butler University Physician Assistant Program
Experiential Education office by e-mail to jrguthri@butler.edu or by fax to 317-940-9857.

Approved ☐

Denied ☐

_____ _____

Director of Experiential Education, PA Program *Date*

Revised 11/2024