



## ABSENTEE FORM

**Student Name:** \_\_\_\_\_

**Date(s) of Absence:** \_\_\_\_\_ **Site:** \_\_\_\_\_

**Reason for Absence**

☐ Medical Emergency    ☐ Family Emergency    ☐ Other (please specify below)

Briefly describe circumstances: \_\_\_\_\_

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I will make arrangements with my site coordinator and preceptor to complete the missed hours during the scheduled rotation. I know that I will be responsible for completing all assignments related to the SPEP rotation within the due date.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site Coordinator:** \_\_\_\_\_

**Site Coordinator Signature:** \_\_\_\_\_