

ABSENTEE FORM

Student Name: _____

Date(s) of Absence: _____ Site: _____

Reason for Absence

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

Briefly describe circumstances: _____

I will make arrangements with my preceptor to complete the missed hours during the scheduled rotation. I understand that I will be responsible for ensuring all assignments and tasks are completed by the end of the PharmD rotation.

Student Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____