

Appendix: 7.1

FORM - Request for Leave from a Clerkship Rotation

Effective August 25, 2008 (rev Jan2012)

Part A: Student

Name: _____ Pager: _____ Group: _____ Period: _____

Email Address: _____

Reason for Leave Request (provide details & location if applicable)

Clerkship Rotation Affected: _____

Dates of Leave: from: _____ to: _____

Return to Rotation on: _____

Supporting Documentation Attached: Yes No
(I.e. invitation, announcement)

Signature: _____ Date: _____

Part B: UGME Office

Request approved to go forward to clerkship rotation director/coordinator or designate:

Approved: Not Approved:

Comments: _____

Signature: _____ Date: _____

Part C: Clerkship Director/Coordinator or Designate

Request Approved? Yes: No:

Actual Number of working days approved off from the rotation: _____

Comments: _____

Signature: _____ Date: _____

Fully completed form with supporting documents is to be returned to:
UGME Office, 260 Brodie Centre, Attn: UGME Clerkship Administrator