

**THE UNIVERSITY OF OKLAHOMA  
COLLEGE OF MEDICINE, Oklahoma City Campus  
Leave Request Form**

**Student's Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**One request form for each activity that you are asking off for.**

Student named above has requested permission to take time off from the Geriatrics Clerkship for what purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date(s) requested off for activity:** \_\_\_\_\_

**Date(s) requested off for travel:** \_\_\_\_\_

**Some activities may require more than one day off. You can use the same request form in that case.**

This student is aware of and agrees to the required make up activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For questions or concerns regarding this request, we will include Dr. Mark Fergeson, Associate Dean of Student Affairs in the discussion.**

Signed: \_\_\_\_\_ / \_\_\_\_\_  
Student Signature Date

Signed: \_\_\_\_\_ / \_\_\_\_\_  
Course Director Signature Date

**FOR CLERKSHIP DIRECTOR AND/OR COORDINATOR USE ONLY!  
DO NOT FILL OUT ANYTHING BELOW THIS BOX!**

Adequate documentation has been provided:  
 YES  NO  NONE REQUIRED

This student  has,  has not been granted permission for this request.  
Explanation (if indicated):-  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_