



Albert Einstein College of Medicine

## Clerkship Absence Request Form (MD)

Student Name \_\_\_\_\_

Clerkship \_\_\_\_\_ Site \_\_\_\_\_

Clerkship Dates \_\_\_\_\_

Dates of Requested Absence \_\_\_\_\_

Anticipated Date of Return to Clerkship Duties \_\_\_\_\_

Reason for Request \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Site Leader \* \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Name of Clerkship Director \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

\* For Family Medicine, please arrange all schedule changes directly with the Clerkship Director.