

**STUDENT ABSENCE REQUEST FORM**

(Please see Clinic Administration for Clinic Absence Forms)

Name: \_\_\_\_\_ Date(s): from \_\_\_\_\_ to \_\_\_\_\_

**I Request an excused absence from the following scheduled lecture(s) or lab(s):**

<b>Course/Lab</b>	<b>Time (Circle)</b>	<b>Days (Circle)</b>	<b>Instructor Approval</b>
1. _____	_____ am pm	M T W Th F _____	_____
2. _____	_____ am pm	M T W Th F _____	_____
3. _____	_____ am pm	M T W Th F _____	_____
4. _____	_____ am pm	M T W Th F _____	_____
5. _____	_____ am pm	M T W Th F _____	_____

**Reason:** \_\_\_\_\_

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

I understand that in accordance with UAB's policies, I will be responsible for all instructional information, assignments, and class time which I will miss in my absence. In requesting absence from classes or labs, I certify that I am not on academic probation and am in good academic standing.

-----OFFICE USE ONLY-----

Revised 8/00

**RECOMMENDATION:** Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
**Director of Student Affairs (Classes and Lab)**

\_\_\_\_\_  
**Date**

**Copies of completed form to Student Affairs (Classes & Lab)**

## POLICY ON STUDENT ABSENCES

**INTRODUCTION:** This document specifies policies for student attendance at the School of Optometry and methods of obtaining authorized absences. It is anticipated that students enrolled in the School of Optometry will attend all lectures, laboratories and clinics. Course instructors are responsible for monitoring classroom attendance. Student clinicians will be present for all of the assigned clinic sessions or follow specified procedures for release from clinic assignments.

### AUTHORIZED ABSENCES

1. **ABSENCES DUE TO PERSONAL EMERGENCIES:** In this category are absences due to illness, accident, death, legal or financial crisis.
2. **ABSENCES DUE TO APPROVED STUDENT PROJECTS, PROFESSIONAL MEETINGS AND OTHER SPECIAL ACADEMIC ACTIVITIES:** In this category are absences to attend annual meetings of optometric professional organizations such as the AOA, AAO, ARVO, AOSA and SECO. Some meetings will involve cancellation of all classes and clinics and others not. The academic schedule should be consulted for each meeting. When not specifically canceled, absences will require make-up.

### PROCEDURES

1. **ABSENCE DUE TO PERSONAL EMERGENCIES:** Such absences will be considered on an individual basis, but generally not approved for personal business. Unexplained, unauthorized or excessive absences may result in disciplinary action. Notification to appropriate faculty (934-3036) should be accomplished as soon as possible. When clinical assignments are involved, students must contact the Clinic Administration Office (934-4748) and specify (1) reason for absence, (2) estimated length of absence, (3) assigned clinic responsibilities, and (4) phone # during period of absence. The Clinic Administration will arrange for re-assignment of patients or cancellation if necessary. If the absence involves a specialty clinic, the student must also notify the clinic/division chief for that program.
2. **ABSENCES FOR STUDENT PROJECT, ETC.:** Permission must be obtained from instructors whose class/clinic will be missed. Lecture and lab courses must have at least two weeks advance notice.

Specific policy for clinic absences is covered in detail in the manual "Clinic Procedures and Policies" published each spring by the office of the Optometry Chief of Staff. Forms for clinic absence requests must be completed with an IPIN number, reason for the absence, and signatures of all involved instructors (both excusing and make-up), and must be submitted three weeks prior to the absence to be considered for approval. Forms for clinic absence are available in the Clinic Administration Office.