

Final Approval:

Approved____

Student Declaration of Absence Clinical Rotations

Western College of Veterinary Medicine

This form is required for all students in year 4 when absence is being requested from rotation. Present this completed form, including signature from the rotation coordinator, to the Associate Dean (Clinical Programs) who will consult with the rotation coordinator(s) and determine approval or denial and also framework of missed material and/or grade penalty.

that the coordinator is a	n the Associate Dean (Clinical Pro ware of the absence and the Stud lests for absence to accommodate e student's file.	ent has considered the re	otation requirements prior to the
Last Name	First Name	Middle Name	U of S Student Number
Address		City	Postal Code
Telephone/Cell		U of S Email	
Rotation Name	Date of missed requirement	Hour of departu	Ire Hour of Return
	oted activity due to: (illness, specialist a		
on Student Academic Mi examination or fulfilling a so, that a formal allegation https://www.usask.ca/se	sconduct, that "providing false or many other academic requirement" controlled or academic misconduct may be	nisleading information with onstitutes academic miscon made as outlined in the	e University of Saskatchewan Regulation the intent to avoid or delay writing an conduct, and if I am found to have done policy. (See online version at b). I understand that misrepresentation
Student's Signature		Date _	
Stadent's Signature	Rotation Coordinator Signature		
	gnature	Approved	Mot Approved
Rotation Coordinator Siç	gnature		

Not Approved ___