Policy Name: M4 Attendance / Leave

EAST TENNESSEE STATE UNIVERSITY QUILLEN COLLEGE OF MEDICINE

M4 Request for Permission to be Absent Form

It is the responsibility of the student to ensure that all required signature(s) are secured in advance as per MSEC Policy 0111-4 M4 Attendance/Leave Policy

This form is required for ALL absences from a Senior Selective or Elective Course. If you have any questions, please contact the Senior Elective/Selective Clerkship Coordinator of the department from which you are requesting the absence.

Name	Date
Senior Selective/Elective Course Name	
Date(s) of requested leave	
Indicate the type of leave requested:	
Medical Leave: Planned absences are limited to tw	o (2) total days. #of hours if less than a fullday
Residency Interview: Electives - planned absences and two and a half days (2 ½) for a two-week (2) rotation five percent (25%) of a rotation. Selectives – planned a circumstances. Supporting documentation is required v	on. Total absences are not to exceed more than twenty-bsences are limited to two (2) days for justifiable
Quillen Activity: Official QCOM committee or Integrated Grand Rounds / other teaching activity.	
Activity Name	# of hours if less than a full day
Other: Electives and Selectives - planned absences are limited to two (2) days for justifiable circumstances. Supporting documentation is required with the request to be absent.	
Approved	Disapproved
Selective/Elective Course Director:	Date:
For M4 Elective: Does this request, in addition to any o time? NO YES If yes, the individual signing above must attach a plan for	

Return the completed form to the appropriate Senior Clerkship Coordinator:

Family Medicine: Connie Clyburn Internal Medicine: Katie Flora Moore

OB/GYN: Brandi Nave Pediatrics: Gina Williams Rural Track: Skylar Moore Surgery: Brenda Holt Psychiatry: Nicole Fisher All Others: Kortni Lindsay/Academic Affairs