

Emergent Absence Form

Please complete and forward this form within one week of return from emergence absence to:

Genetic Counseling Program
2012 Kenny Road
Columbus, OH 43221

Name: _____

1. Please provide a summary of the emergency that lead to your absence from classes/clinical placement?

2. On what date(s) did this emergence absence occur?

3. Please provide the names of the classes/clinical placement you missed due to this unscheduled emergency absence?

4. When did you notify the course director/clinical supervisor?

5. Did you make plans to make-up the missed work?

Student Signature

Date

To Be Reviewed and Signed by Genetic Counseling Graduate Program Co-Director(s):

Signature of Program Leadership

Date

Student is responsible for following up with Course Directors and Clinical Placement Supervisors to determine how the class material they miss will be made up.