

Request for Scheduled Absence Form

Please complete and forward this form to:

Genetic Counseling Program
2012 Kenny Rd
Columbus, OH 43221

Name: _____

1. What dates are you requesting an excused scheduled absence?

2. What event is prompting your requested scheduled absence?
 - a. Event:

 - b. Location of event:

3. Which classes are you missing due to this scheduled absence? Please provide name of course(s), time(s) of course, and name of course director(s).

4. Are you requesting a WebEx Meeting be scheduled so you can participate in the class via distance?

Yes	No
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To be completed by Genetic Counseling Program Co-Director(s):		
Scheduled Absence Approved:	Yes	No
If No: Why?		
_____ Signature of Program Leadership	_____ Date	

Student is responsible for notifying Course Directors and Clinical Placement Supervisors of the Scheduled Absence, once approved by the Co-Director(s). Student is also responsible for determine how the class material they miss will be made up.