Request for Scheduled Absence Form

Please complete and forward this form to:

Genetic Counseling Program
2001 Polaris Parkway, Ste. 1000
Columbus, OH 43240

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

To be completed by Genetic Counseling Program Co-Director(s):

Scheduled Absence Approved:   Yes    No
If No:  Why?

_________________________________   _________________________
Signature of Co-Director(s)     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.