

**Undergraduate Medical Education
Time Off Request Form**

Name: _____

Today's Date: _____

Class of _____

Have you read the time off policy for your current year?

Yes ☐ No ☐

Is this request submitted 6-weeks in advance:

Yes ☐ No ☐

If not, why: _____

Med 1&2 Students please complete:

Date(s) Requested Off:

Reason for Request:

Curriculum Missed during time off request
with **Tutor's Name:**

Med 3&4 Clerks please complete:

Date(s) Requested Off:

****Please note:** Statutory Holidays and weekends are not assumed days off during clerkship rotations. You must indicate complete period of time off requested. Time off during ITC and COE will not be approved unless supported by Student Affairs.

Reason for Request:

Academic ☐ Personal ☐

If your request is for Academic Reasons, you must provide supporting documents as per policy.

Are they attached? Yes ☐ No ☐

If you're requesting to be released from call, the weekend before or after your requested time off, please include these dates:

Rotation during time off request, **Location**, and **Preceptor's Name** if known:

Office Information Only: Date Received: _____ By: _____

Approved: Yes ☐ No ☐

Student Notified on: _____

Reason if Unapproved: _____