

IUSM Special Request for Time Away From
 Clerkship Responsibilities

This completed form may be printed and faxed to or returned by e-mail to the applicable statewide clerkship coordinator.

Current Date

Student Name

I am currently in good academic standing (not on academic probation):

Mailing Address

City State Zip Code

e-mail Address: Phone Number

Time Requested To Be Released From Clerkship Responsibilities (Be as specific as possible, including the dates/times you will need to be absent.):

Purpose of Absence (be as specific as possible regarding the rationale for requiring absence from required clerkship activities.):

For Office Use Only

Date Received:

Approved: Yes No Need further information:

Comments: