

**Lateness/Absence Form**

**To be completed by student:**

Student's Name: \_\_\_\_\_ Date of Absence/Lateness: \_\_\_\_\_

Notification of Faculty:

\_\_\_\_\_ prior to lateness/absence

\_\_\_\_\_ after lateness/absence

\_\_\_\_\_ notified appropriate faculty

**Reason for lateness/absence:**

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Student Signature

**To be completed by appropriate faculty:**

Check the experience missed:

\_\_\_\_\_ Class

\_\_\_\_\_ Clinical

\_\_\_\_\_ Lab

\_\_\_\_\_ Exam

Date plans for make-up initiated by student \_\_\_\_\_

Make-up satisfactorily completed: \_\_\_\_\_yes \_\_\_\_\_no Date completed \_\_\_\_\_

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Faculty Signature