



Planned Absence

Use this form if you **know in advance** that you need to take time off from study or clinics.

Last Name:	First Name:	Student ID Number:
Email address:		
Course and Year of Study e.g. DTech1		
First day of proposed absence:	Last day of proposed absence:	
Please indicate the reason for your planned absence by choosing one of the following options:		
Either: I will be absent on the dates above because ...		
Or: I explained my need for this absence with the following staff member:		

Please indicate each paper or module coordinator effected and ask one of the named staff to sign off to show that they have discussed with you the implications of the planned absence.

Date	Paper/Module	Lecture/Clinic/Lab/Tutorial	Name of Paper/Module Coordinator	Signature of someone from this list:
2/6	302	Clinics - am	Jo Bloggs	<ul style="list-style-type: none"> • Lee Adam • Alison Meldrum • Andrew Tawse-Smith • Claire Gallop • Lara Friedlander • Sunyoung Ma • Jonathon Broadbent • Suzanne Hanlin • Susan Moffat • Hanna Olson • Ludwig Jansen van Vuuren

I understand it will be my own responsibility to make up for missed classes, and that I cannot expect staff to provide extra tuition for me. I also acknowledge my responsibility to ensure my patients are not disadvantaged as a result of my absence and that I have assessed the loss of theoretical and clinical/laboratory/practical teaching against the requirements of the course.

SIGNATURE..... DATE.....

- Scan completed and signed form
- Email absent.dental@otago.ac.nz
- Put **Form** in the subject line
- Attach scanned form
- Send
- **Or** post a hard copy in the letterbox in the Faculty Office, Room 1.38 Walsh Building, as soon as practicable.