



## School of Physiotherapy

# Application for all Leave from Classes

### BPhty Years 2 & 3

Please email your completed form to [absence.physio@otago.ac.nz](mailto:absence.physio@otago.ac.nz).

*If you are unwell and on clinical placement, please also contact your clinical supervisor asap.*

Name: ..... ID No.: .....

Student Email: ..... BPhty Year: .....

Lab Group (i.e. A1, B1, C1, D1): .....

- Sick leave (attach a medical certificate if sick leave is more than 3 days)
- Bereavement/domestic leave (attach confirmation from a family member)
- Other - specify (attach supporting document e.g. letter from coach, email from family member):

.....  
 .....

First day of leave: Day..... Date: .....  am/  pm:

Last day of leave: Day ..... Date: .....  am/  pm:

Total number of days absent from classes .....

*List below the classes you were/will be absent from:*

Paper number	Classes e.g. lab, clinical, lectures	Date class missed	Assignments/tests due/missed

- I understand it is my independent responsibility to meet with the paper coordinator(s)/clinical educator(s) to obtain and become familiar with material missed during my absence.
- I understand that extensions on assignments/terms work will not automatically be granted in respect of approved absences.
- I understand that I may forfeit marks for assessments that I am unable to sit as a result of any arranged absence and will comply with the conditions agreed to with the Associate Dean.

Applications for 3 days or more may need to be discussed at a meeting with the Associate Dean of Undergraduate Studies/Centre Coordinator.

Signed: .....

Date: .....

***(Office Use Only)***

---

More than 3 days absence, or other circumstances: meeting with Associate Dean/Centre Coordinator Yes/ No

Conditions for leave:.....

.....

Student notified by letter/email/other ..... Date: .....

.....  
Signed: Associate Dean/Centre Coordinator

Entered on spreadsheet: Yes/ No