

# ABSENCE FORM

## MD PROGRAM

Please review the VinUniversity MD Program Attendance Policy before submitting.

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Email: \_\_\_\_\_

Year of study: \_\_\_\_\_

Date of Absence: \_\_\_\_\_

Expected Date of Return: \_\_\_\_\_

Which course/clerkship are you requesting time off? \_\_\_\_\_

Please explain the reason for your absence in more detail:

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**\*\*\*PLEASE NOTE: This form should be submitted by the day of absence. Students must provide all relevant information and supporting documentation to the teaching team within three days following their application for an excused absence.**

Include your signature below:

I understand this is a legal representation of my signature.