



FOR REFERENCE, PLEASE REFER TO THE MD UNDERGRADUATE PROGRAM ATTENDANCE POLICY & ABSENCE PROCEDURE & APPENDICES A-C as posted on Entrada				
Date submitted (dd/mm/yyyy):		Date received (dd/mm/yyyy):		
STUDENT INFORMATION				
Email:	Phone:	Initial:	UBC Student No:	Site (ie. VFMP): Class:
Student Last Name:		Student First Name:		

UNFORESEEN ABSENCE		
To be submitted no later than 1 week after return from absence.		
Start date of absence (d/m/y):	Return to class date (d/m/y):	Session/Clinical duties missed:
Name(s) of Faculty/Staff notified at the time of the absence, as specified in the <i>Year Specific Contact</i> document, Appendix A :		
Reason for absence:		
Actions to be taken to make up any missed learning or assessment as discussed with contact(s) in the <i>Year Specific Contact</i> document, Appendix B :		

NEGOTIATED ABSENCE REQUEST		
To be submitted as soon as possible. If less than 4 weeks prior to the request, it may not be possible to process in time. Please review the ATTENDANCE POLICY & ABSENCE PROCEDURE policy PRIOR to submitting your request.		
Start date of absence (d/m/y):	Return to class date (d/m/y):	Type of Negotiated Absence: <i>Professional, Other or Personal Day</i>
Number of days absent this academic year to date (for all reasons):		
Name of and email address(es) of faculty member(s) consulted in advance to discuss and approve plan for making up missed learning, as specified in <i>Year Specific Contact</i> document, Appendix C :		
Reason for Negotiated absence (If confidential, please write "confidential" here, and request will be referred to OSA for review):		
Details of plan to make up any missed learning or assessment as discussed with contact(s) in the <i>Year Specific Contact</i> document, Appendix C :		



Faculty of Medicine

PLEASE SUBMIT THIS COMPLETED FORM TO THE FOLLOWING SITE- AND YEAR-SPECIFIC DESTINATIONS FOR NEGOTIATED ABSENCE REQUESTS, PLEASE BE SURE TO 'COPY' APPENDIX C CONTACT(S)				
**ALL ABSENCES MUST BE REPORTED **				
	IMP	NMP	SMP	VFMP
Year 3	imprjh@uvic.ca	nmp-clinical@unbc.ca	kyla.shaw@interiorhealth.ca	yr3.vfmpabsence@ubc.ca
Year 4	imprjh@uvic.ca	nmp-clinical@unbc.ca	doreen.welsh@interiorhealth.ca	yr4.vfmpabsence@ubc.ca

SITE-SPECIFIC REVIEW OF NEGOTIATED ABSENCE REQUEST – FOR INTERNAL USE ONLY STEP 1 (COURSE, CLERKSHIP DIRECTOR, ELECTIVE PRECEPTOR OR DESIGNATE, TIPP SITE LEAD)				
Name of Step 1 Reviewer :		Title:		Email:
Date submitted (dd/mm/yyyy):		Date received (dd/mm/yyyy):		
<input type="checkbox"/> Approval is recommended		<input type="checkbox"/> Approval not recommended		
Recommended with the following changes/considerations:				
Comments:				

SITE-SPECIFIC REVIEW OF NEGOTIATED ABSENCE REQUEST – FOR INTERNAL USE ONLY STEP 2 (REGIONAL DEAN’S OFFICE – ASSISTANT DEAN OR DESIGNATE)				
Name of Step 2 Reviewer:		Title:		Email:
Date submitted (dd/mm/yyyy):		Date received (dd/mm/yyyy):		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved: Reason not approved: <input type="checkbox"/> Duration <input type="checkbox"/> Too many other absences <input type="checkbox"/> Academic concerns <input type="checkbox"/> Other			
<input type="checkbox"/> Approved with the following changes/considerations:				
Comments:				

STUDENT NOTIFICATION	
Date of notification (dd/mm/yyyy):	Notified by:

PRECEPTOR/TEACHER/COURSE NOTIFICATION	
Date of notification (dd/mm/yyyy):	Notified by:
Faculty/staff notified:	