**MD Undergraduate Program 006 C Student Absence Form**



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| **FOR REFERENCE, PLEASE REFER TO THE MD UNDERGRADUATE PROGRAM**[**ATTENDANCE POLICY & ABSENCE PROCEDURE & *APPENDICES A-C***](https://entrada.med.ubc.ca/community/policiesandforms%3Aattendance_and_absence)**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:** |

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| **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 *Year Specific Contact* document,** [***Appendix A***](https://mednet.med.ubc.ca/AboutUs/PoliciesAndGuidelines2/_layouts/15/WopiFrame.aspx?sourcedoc=/AboutUs/PoliciesAndGuidelines2/Policies%20Guidelines/Attendance%20%2B%20Absence%20Procedure%20%2B%20Contact%20List%20All%20Years%20-%20Revised%20October%2014%202020%20(006B).pdf&action=default)**:** |
| **Reason for absence:** |
| **Actions to be taken to make up any missed learning or assessment as discussed with contact(s) in the *Year Specific Contact* document,** [***Appendix B***](https://mednet.med.ubc.ca/AboutUs/PoliciesAndGuidelines2/_layouts/15/WopiFrame.aspx?sourcedoc=/AboutUs/PoliciesAndGuidelines2/Policies%20Guidelines/Attendance%20%2B%20Absence%20Procedure%20%2B%20Contact%20List%20All%20Years%20-%20Revised%20October%2014%202020%20(006B).pdf&action=default)**:** |

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| **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**: *Professional, Other or Personal Day* |
| **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 *Year Specific Contact* document,** [***Appendix C***](https://mednet.med.ubc.ca/AboutUs/PoliciesAndGuidelines2/_layouts/15/WopiFrame.aspx?sourcedoc=/AboutUs/PoliciesAndGuidelines2/Policies%20Guidelines/Attendance%20%2B%20Absence%20Procedure%20%2B%20Contact%20List%20All%20Years%20-%20Revised%20October%2014%202020%20(006B).pdf&action=default)***:*** |
| **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 *Year Specific Contact* document**[**, *Appendix C***](https://mednet.med.ubc.ca/AboutUs/PoliciesAndGuidelines2/_layouts/15/WopiFrame.aspx?sourcedoc=/AboutUs/PoliciesAndGuidelines2/Policies%20Guidelines/Attendance%20%2B%20Absence%20Procedure%20%2B%20Contact%20List%20All%20Years%20-%20Revised%20October%2014%202020%20(006B).pdf&action=default)***:*** |

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| **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 |

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| **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):** |
| * **Approval is recommended**
 | * **Approval not recommended**
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| **Recommended with the following changes/considerations:** |
| **Comments:** |

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| **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):** |
| ☐**Approved** | ☐**Not Approved:** **Reason not approved**: ☐ Duration ☐Too many other absences ☐ Academic concerns ☐ Other |
| ☐**Approved with the following changes/considerations**: |
| **Comments:** |

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

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