



THE UNIVERSITY OF
BUCKINGHAM

MEDICAL SCHOOL

MB ChB

Request for Exceptional Absence Form

Student Request for Exceptional Absence form

Discuss any concerns about the effect of your absence on your studies with the Medical School, your Personal Tutor or Student Support lead as a matter of urgency.

This form must be completed and sent to the Medical School Office.

Please complete the form accurately and honestly:

Email Address:

First Name:

Last Name:

Student ID

Personal Tutor:

Current year of study:

Precise dates of requested absence:

Please submit well in advance of requested period of absence, preferably no later than 48 hours of the leave date. In some cases it is appreciated that you may need to have an initial discussion before confirming the exact dates.

From:

Year / Month / Day

to:

Year / Month / Day

Reason for requested absence (you should provide adequate details):

Further information (this can be further details to support your request)

Document Version Information

Document Title: Request for Exceptional Absence Form

Originator: Dr Claire Stocker

Date: September 2014

Replacing Document: Original

Approved: Board of Studies

Date: 01/10/2014