

Written Support Plan Non-Discretionary Planned Absences

(Medical, Critical Emergency, Paternity, Maternity, Religious Leave)

Reason for

Absence:

Student Informatio	n:		
First Name		Last Name	
Class		Current Level	

Expected Start
Date of
Absence

Expected Return
Date

Special Circumstances requiring Leave

Section 2

Section 1

Current Quarter

Quarters and Courses Impacted (if multiple quarters, complete for each quarter):

Quarter	Year	Course	Course Director
	7		

Section 3

List of Mandatory Activities Missed

Quarter	Course	Date	Time	Description	Course Director

Section 4

Action Plan to make-up missed mandatory activities (to be completed by each Course Director:

Course	Course Director
Course	Course Director
Course	Course Director
Course	Course Director

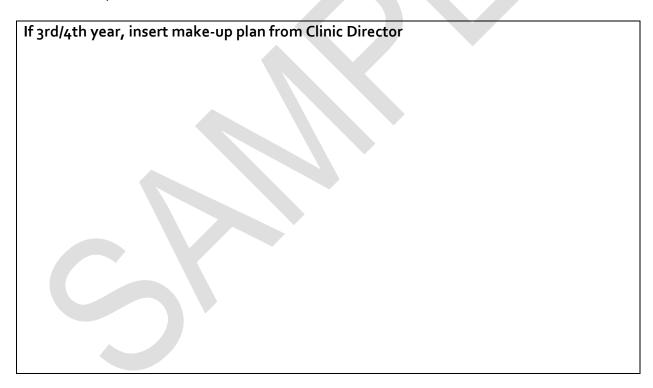
Section 5

Rotations and Externship

Rotations Impacted Yes	
No <u></u>	
Externship Missed Yes	
No <u></u>	

Section 6

Clinic Make-up Plan



By signing below:

- I attest that I have read, understood, and acknowledge all of the statements and responsibilities of the Written Support Plan for Short Term Absence.
- Please click on the following link to sign electronically: Student Signature

MUST SIGN ELECTRONICALLY			
Signature	Date		
Student's Name			
Signature	Date	Signature	Date
Sara Hughes MBE., EdD, MA, BSc, PFHEA, NTFHEA, IHPE Associate Dean for Education and Student Affairs		Mark Kirkland, DDS Associate Dean of Clinical Affairs (for 3 rd /4 th year students)	
	earner Success (Center Use Only	
Date of Approval	Date:		
Copy of Approved Plan sent to	☐ Associate D	ean of Education and Student Affairs	
Following	☐Course Directors		
	☐LSC Curricu	lum Support	
		nent Manager	
A LUC LA LICE AL C rely th		□ Director of Student Affairs	
Additional Notification for 3 rd /4 th		Coordinator-Lynn Tomioka	
Teal	☐ Clinic Coordinator-Janis Williams		
	☐ Associate Dean of Clinical Affairs-Dean Mark Kirkland☐ Clinic Directors: Dr. Biana Roykh, Dr. Sean Mong, Dr. Lloyd		
	Harris	LUIS. DI. DIANA NOYKII, DI. SEAN MONIS	, Dr. Lluyu
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