UCSF School of Dentistry

Written Support Plan
Non-Discretionary Planned Absences
(Medical, Critical Emergency, Paternity, Maternity, Religious Leave)

Section 1

Student Information:

First Name		**Last Name**	
Class		**Current Level**	
Current Quarter		**Reason for Absence:**	
Expected Start Date of Absence		**Expected Return Date**	

Special Circumstances requiring Leave

Section 2

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

Quarter	Year	Course	Course Director

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 ☐

Externship Missed
Yes ☐

No ☐

Section 6
Clinic Make-up Plan

If 3rd/4th year, insert make-up plan from Clinic Director

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 3rd/4th year students)	

Learner Success Center Use Only

Date of Approval	**Date:**
Copy of Approved Plan sent to Following	☐Associate Dean of Education and Student Affairs ☐Course Directors ☐LSC Curriculum Support ☐LSC Assessment Manager ☐Director of Student Affairs
Additional Notification for 3rd/4th Year	☐ CIT Axiom Coordinator-Lynn Tomioka ☐ Clinic Coordinator-Janis Williams ☐ Associate Dean of Clinical Affairs-Dean Mark Kirkland ☐ Clinic Directors: Dr. Biana Roykh, Dr. Sean Mong, Dr. Lloyd Harris