

**UNIVERSITY OF SOUTHERN INDIANA  
KINNEY COLLEGE OF NURSING AND HEALTH PROFESSIONS  
UNDERGRADUATE NURSING PROGRAM**

**Planned Student Absence**

Name: \_\_\_\_\_

Dates of absence: \_\_\_\_\_

Reason for absence: \_\_\_\_\_

Course related work which will be missed: Classes, class activities (exams and assignments), & clinical.

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Plans for make-up: Include specific dates and times for exams, simulations, clinical experiences, and submission of assignments.

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Student: \_\_\_\_\_ Date: \_\_\_\_\_

Course instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Program Chair: \_\_\_\_\_ Date: \_\_\_\_\_