

UNIVERSITY OF SOUTHERN INDIANA
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.

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

Student: _____ Date: _____

Course instructor: _____ Date: _____

Approved: _____

Denied: _____

Program Chair: _____ Date: _____