

Faculty of Nursing

Clinical and Lab Absence Form

Missed Clinicals / Labs are reviewed by the Associate Dean and/or a designate.

Submission Instructions: Complete and submit this form on the same day that you are absent from clinical / lab unless the situation surrounding your absence precludes your ability to complete the submission process on the same day

NOTE: Justification is required. If the absence is due to an illness or medical concern, a medical note is required to be submitted along with this form to validate your absence. Other supporting evidence must be attached if the absence is due to bereavement or extenuating circumstances.

E-mail this form and supporting documentation/evidence to the Clinical Placement Secretary, Susan Rotondi-Moore, at srotond@uwindsor.ca, **AND** to your clinical/lab instructor/faculty advisor **AND** the course lead.

PART A – COMPLETED BY STUDENT (Please print clearly)

First name: _____ Last name: _____

Student number: _____ Telephone #: _____

Email (UWindsor): _____

Absent from: Clinical Lab

Instructor Name: _____

By checking the box, you understand that remediation is required to complete the course components of your missed clinical/lab.

Course Number: _____ Course section: _____

Date of Missed Clinical/Lab (yyyy/mm/dd): _____ Hours of Missed Clinical / Lab: _____

Reason for Missed Clinical/Lab (Attach supporting evidence as specified above):

☐ Health/Medical

☐ Bereavement

☐ Extenuating Circumstances (explain): _____

By typing your name, this serves as your signature and you acknowledge that this information is accurate and true.

Student Signature: _____ Date (yyyy/mm/dd): _____

PART C – COMPLETED BY CLINICAL COORDINATION OFFICE

Date received (yyyy/mm/dd): _____ Forwarded to: _____

Comments and Follow-Up: _____
