**VU STUDENT CLINIC LEAVE REQUEST FORM**

**请假单**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATE | CLINIC | STAGE | **Ob** | **Gr** | **In** |
| STUDENT |

#### Regularly scheduled clinic date/time:

#### Requested make-up date/time:

#### Reason for request:

#### Mandatory two-week notice.

#### First request for the advanced practice.

#### Second request the advanced practice.

#### More than two requests – reason:

CLINICSUPERVISOR DATE

DEAN OF STUDENT CLINIC DATE

 COPY TO FILECOPY TOSTUDENT