



UNIVERSITY OF TORONTO
FACULTY OF DENTISTRY

STUDENT ABSENCE FORM

STUDENT NAME: _____

STUDENT E-MAIL ADDRESS: _____ @mail.utoronto.ca

YEAR: _____
(DDS 1, 2, 3, 4)

Clinical Group

Colour

Letter

Number

DATE ABSENT _____

AM

PM

ALL DAY

REASON FOR ABSENCE:

Does this absence consist of **3** or more days? Yes ☐ No ☐

If Yes, a petition form must be completed and attached. Two week advance notice is required for absences of this length.

Will any test or examination be missed during this absence? Yes ☐ No ☐

If Yes, which test/exam?

If you are missing a test or examination have you discussed your absence with the Course Director? Yes ☐ No ☐

SIGNATURE: _____ DATE: _____

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STUDENT SERVICES OFFICE

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