Physician Assistant Studies
Mandatory Attendance Waiver

To be completed by the student and submitted to the course instructor

Student's Name: ____________________________  Graduating Class: ____________

Course: ________________________________ Date(s) of Class: ________________

Instructor: _______________________________

I am requesting a waiver of the Attendance Policy for the following reason:

Additional documentation may be required. Please refer to the guidelines posted in the Student Handbook.

[Do Not Write in This Space – Official Use Only]

Approval (to be completed by the Dept. of Physician Assistant Studies)

☐ Approved  ☐ Rejected

Instructor Signature: _______________________________

Date: _________

Revised 8/11/2017