School of Dental Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

DENTAL. INTEGRATED FOR HEALTH.

Student Leave Form

Must be completed for all leave activities including leave during school break periods.

Student Information

Student Name/Class: _____

Type of Professional Leave:		Type of Other Leave:	
☐ Externship	☐ Professional Meeting	☐ Sick	☐ Bereavement
☐ Religious Holiday	☐ Residency Program Interview	☐ Other (please list)_____	
☐ Military Duty	☐ Jury Duty	☐ Maternity/Paternity (must obtain Title IX Ally signature below)	
		Title IX Ally_____	

Dates of Absence: From: _____ To: _____

Reason for Requested Leave: (include location, goals and contact person – if applicable)

_____

_____

You must submit requests for leave, two weeks prior to the first day of your requested leave, to the Associate Dean for Academic Affairs/Academic Affairs Office.

_____

Student Signature *Date*

Course Information

List all courses you will be missing, including dates, name of course director, followed by the signature of the course director, indicating their approval of your leave request. No need to complete this section if no courses will be missed.

Date	Course Name	Course Director	Signature of Course Director Providing Leave Approval

Leave from Clinical Activities

If clinical activities will be missed, please complete the Student Professional Leave from Clinical Activities Request Approval Form available in axiUm. A printed paper copy of the axiUm form must be submitted, along with this form (if clinical activities are missed) and all required forms must be submitted, two weeks prior to the first day of your requested leave, to the Associate Dean for Academic Affairs/Academic Affairs Office.

Approval

☐ Approve ☐ Deny Associate Dean for Academic Affairs Signature: _____

Date: _____

January 2020