**Section 1**
Student Information:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class</td>
<td>Current Level</td>
</tr>
<tr>
<td>Current Quarter</td>
<td>Reason for Absence:</td>
</tr>
<tr>
<td>Expected Start Date of Absence</td>
<td>Expected Return Date</td>
</tr>
<tr>
<td>Level During Requested Absence</td>
<td>Student Provider Number</td>
</tr>
</tbody>
</table>

**Section 2**
Quarters and Courses Impacted (if multiple quarters, complete for each quarter):

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Year</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winter</td>
<td>2020</td>
<td>All</td>
</tr>
</tbody>
</table>

**Section 3**
Action Plan to make-up missed mandatory activities (to be completed by each Course Director):

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Director</th>
</tr>
</thead>
</table>

Student Action Plan:
Student Action Plan:

Other

Inter-professional session missed?
- No ☒
- Yes ☐

Section 4

Clinic Make-up Plan (including rotations and externship)

If 3rd/4th year, insert make-up plan from Group Practice Leader

Group Practice Leader Name:

Date of meeting:

Rotations scheduled
- No ☐
- Yes ☐

Rotation Course Director notified and make up sessions scheduled
- No ☐
- Yes ☐

Make up plan created for Patient Care Sessions
- No ☐
- Yes ☐

Make-plan created and agreed upon for all of the above by Clinic Director and Student
- No ☐
- Yes ☐

Student has completed the Short Term Leave of Absence Form and the Absence Tracker Form
- No ☐
- Yes ☐
By signing below:
- I attest that I have read, understood, and acknowledge all of the statements and responsibilities of the Written Support Plan for Short Term Absence.

Signed via Docushare

______________________________  ________________
Signature                          Date

_____________________________________________________
Student’s Name

______________________________  ________________
Signature                          Date
Sara Hughes MBE., EdD, MA, BSc,
PPHEA, NTFHEA, IHPE
Associate Dean for Education and
Student Affairs

______________________________  ________________
Signature                          Date
Jennifer Perkins, DDS, MD
Associate Professor, Oral &
Maxillofacial Surgery
Executive Director of Clinical
Education
(for 3rd/4th year students)

Learner Success Center Use Only

Date of Approval  Date:

☐ Copy of Approved Plan sent to Following
  ☐ Associate Dean for Education and Student Affairs
  ☐ Course Directors/Group Practice Leader
  ☐ LSC Curriculum Services
  ☐ Director of Education and Student Affairs

☐ Additional Notification for 3rd/4th Year
  ☐ CIT
  ☐ Clinic Coordinator
  ☐ Executive Director of Clinical Education
  ☐ Clinic Directors: Dr. Sean Mong, Dr. Lloyd Harris