



UNIVERSITY OF MARYLAND
EASTERN SHORE

SCHOOL of PHARMACY & HEALTH PROFESSIONS

DEPARTMENT of PHYSICIAN ASSISTANT

Student Request (Didactic) for Time Off Form

Name: _____

Today's Date: _____

Requested Date(s) for Time Off: _____

Scheduled Course(s): _____

Steps for Requesting Time Off:

- Request form for time off must be submitted to the DED by specific deadlines.
- DED must review form and/or will approve or deny time off request if exceeding five (5) discretionary days.

Student Illness or Emergency: Students should immediately notify the DED and course instructor directly; and submit the Request Form for Time Off within 24 hours of illness or emergency. Students will need to make up missed assignments. This will count towards students' discretionary days.

Non-Urgent Personal Reasons: Requests for time off for non-urgent personal reasons exceeding the five (5) discretionary days should be for *major life events only* and are **NOT** guaranteed to be approved by the DED.

- All requests must be submitted at least 2 weeks in advance.
- Students must notify the instructor and make up any missed assignments.
- Justification of time off requests exceeding five (5) discretionary days is needed

Religious Observance: Requests should be submitted at least 2 weeks in advance or as soon as possible if accommodations for coursework/testing is needed. Students must notify the instructor and make up any missed assignments. This will count towards students' discretionary days.

Student Signature: _____

Date

Didactic Education Director Signature: _____

Date

Discretionary Days Taken: _____ Discretionary Days Remaining: _____

Action Taken: Reviewed

Approved

Denied