



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.

Student's Signature: _____ Date: _____

[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: _____