

Externship/Absence from School Request Form

| Student Nam | ne: | | | Dental Class: | | |
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| O HCD | O Leadership tact Information: | U Re | search | O Conference Dates of Experience | O Externship | O Internshi |
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| Organization Name: | | | | Contact Person/Supervisor: | | |
| Organization Address: | | | | Contact Phone/Email: | | |
| Necessary | Approvals: | | | | | |
| during regretations directors/clibe missing Please list reach directors | dents planning to ularly scheduled in its directors for abcourse/clinical work mames of <u>ALL</u> could by their nation are made a plan to | class ti sences ork, the rse dire ame to | related to following ctors and indicate | responsible for control their course or control approvals must your clinic director ou have discussed | ntacting their coulinical work. If you be obtained: r below. Please had your absence w | irse will ve |
| Course/Clir | nic Director Name (pr | rinted) | <u>Initials</u> | Course/Clinic Dire | ector Name (printed) | Initials |
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| Carlos Gonzalez-Cabezas, DDS (Director) Date | | | | | | |



Comments: 3. Final externship/absence approval is required from Dr. Renée Duff, Assistant Dean for Student Services. Renée E. Duff, DDS, MS, Assistant Dean for Student Services Date

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4. After obtaining all necessary approvals, please return your completed form to the Registrar's Office in room G226.

Please Note:

Comments: _____

Once your externship/absence is approved by Dr. Gonzalez, you will need to fill out the Student Absence Notification Form in MiTools. If you will be traveling internationally, please register your trip with the University Travel Office.