

**APPENDIX G**

**Documentation of Absence**

Student Name: \_\_\_\_\_ Date of Absence: \_\_\_\_\_

College ID: \_\_\_\_\_

Course Number and Section: \_\_\_\_\_

Instructor: \_\_\_\_\_

Number of clinical hours missed: \_\_\_\_\_

Please provide an explanation of your absence and submit this form to your lead instructor immediately upon return to class or clinical:

I understand than any clinical absence must be made up. I am responsible for scheduling make-up time in the Nursing Resource Center with Ms. Turner at 574-6669 or at [deborah.turner@tridenttech.edu](mailto:deborah.turner@tridenttech.edu)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Clinical case study assigned: \_\_\_\_\_