

EAST TENNESSEE STATE UNIVERSITY
QUILLEN COLLEGE OF MEDICINE

M3 Leave Request Form

It is the responsibility of the student to ensure that all required signature(s) are secured in advance as per MSEC Policy 0316-13 M3 Attendance/Leave Policy

Name _____ Date _____

Rotation during which leave is requested _____

Date(s) of requested leave _____

- **Requests for time off from a required clerkship are granted only for Medical or Educational Leave/Quillen Activity as defined below. Time off from a required clerkship to attend a conference will NOT be approved by the Clerkship Director.**

Indicate the type of leave requested:

- Medical Leave:** Planned absences are limited to two (2) total days. # of hours if less than a full day _____
- Education Leave:** Up to three (3) days will be approved for each of the following if a written request form is **submitted and approved at least six (6) weeks prior** to the conference or the exam date to:
 - present research at a conference; attach conference agenda, the conference flyer or letter of invitation documenting presentation.
 - attend a conference as an elected institutional representative for a regional or national organization.
 - take USMLE Step exams.
- Quillen Activity:** Official QCOM committee or Integrated Grand Rounds / other teaching activity.

Identify Activity _____ # of hours if less than a full day _____

Approved **Disapproved**

Clerkship Director: _____ Date: _____

If approved, at the discretion of the clerkship director, the following make-up of missed activities/ experiences is expected:

Submit to Clerkship Coordinator:

Underserved Medicine: Morgan Murray
OB/Gyn: Brandi Nave
Rural Track: Sarah Orick

Family Medicine: Caitlin McBride
Pediatrics: Gina Williams
Surgery: Brenda Holt

Internal Medicine: Yvette Font
Psychiatry: Nicole Fisher