AUTHORISED ABSENCE FORM

STUDENT’S NAME: ____________________________________________________________

MATRICULATION NUMBER: ________________________________

PROGRAMME, BRANCH AND INTAKE: __________________________________________

PERSONAL TUTOR: __________________________________________________________

Authorised Absence Dates:

From: __________________________ To: __________________________

NUMBER OF DAYS or PRACTICE HOURS MISSED
(Please specify days or hours.): __________________________________________

PRACTICE PLACEMENT AREA: __________________________________________

Placement Area Informed: Yes □ N/A □ Date: __________________________

THEORY & PRACTICE MODULES AFFECTED: __________________________________

<table>
<thead>
<tr>
<th>Reason for Authorised Absence</th>
<th>Tick</th>
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</thead>
<tbody>
<tr>
<td>Family Illness/bereavement</td>
<td></td>
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<tr>
<td>Unforseen/emergency domestic situation</td>
<td></td>
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<tr>
<td>Personal health appointment</td>
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<td>Carer arrangements</td>
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<tr>
<td>Other personal events</td>
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<td>Severe weather</td>
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</table>

NAME OF INDIVIDUAL APPROVING
AUTHORISED ABSENCE: _______________________________________________________

SIGNED: ___________________________________ DATE: __________________________

Personal Tutor / Ward Mentor (delete as appropriate)

DATE PROCESSED BY STUDENT CENTRE: __________________________

PROCESSED BY: __________________________________________________________

Return To:
Room HS10, School of Nursing & Midwifery, Ishbel Gordon Building, Robert Gordon
University, Garthdee Road, ABERDEEN AB10 7QG