



*DRAKE UNIVERSITY
COLLEGE OF PHARMACY & HEALTH SCIENCES
EXPERIENTIAL PHARMACY EDUCATION PROGRAM*

Absence from Rotation Form

Student Name _____ Today's Date _____

Rotation Name _____

Date(s) of Absence _____

Reason For Absence (attach any written documentation):

Plan for Making Up Time:

Student Signature

Preceptor Signature

Any student missing more than 5 days in any given rotation will not be allowed to progress to the next rotation until the Director of Experiential Education Programs is consulted and has given approval for the student to progress.

Fax to:
Denise Soltis
Director of Experiential Education Programs
515-271-4569

Date received _____

Approved _____

