

# Physician Assistant Professional Degree Program (BScPA)

Faculty of Medicine, University of Toronto

## ABSENCE NOTIFICATION FORM – YEAR 2

**STUDENT NAME:** \_\_\_\_\_

Class of 20\_\_\_\_\_ (please indicate year of graduation)

Date of Absence: \_\_\_\_\_

This Absence occurs during the following sessions:

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

**For Office Use Only:**

Date Received: \_\_\_\_\_

This is Absence #\_\_\_\_\_ for the above-named student for Year 2