

**UMKC School of Pharmacy
GRAND ROUNDS SEMINAR
Absence Approval Form**

I will be unable to attend the Grand Rounds seminar scheduled for _____
Date
for the following reason(s):

Student's Name Printed

Student's Signature

Date

I have discussed this matter with _____, and I
Student's Name

- Support
- Do not support

the student's request to be excused from the Grand Rounds seminar as stated above.

Professional Development Advisor Printed Name & Signature

Date