

**REQUEST FOR INTERVIEW TIME OFF DURING 4<sup>TH</sup> YEAR ELECTIVES**

**Student Name:** \_\_\_\_\_

**Elective:** \_\_\_\_\_

**Interview at:** \_\_\_\_\_

**Dates of Interview:** \_\_\_\_\_

**Plan for remediation if more than two weekdays out of a 2-week elective were missed or four weekdays of a 4-week elective were missed:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Approved:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Elective Administrator (or Attending) Name:** \_\_\_\_\_

**Elective Administrator (or Attending) Signature:** \_\_\_\_\_

**Faculty Advisor Name:** \_\_\_\_\_

**Faculty Advisor Signature:** \_\_\_\_\_

**Associate Dean for Student Affairs and Admissions:** \_\_\_\_\_