



# UNION UNIVERSITY

## COLLEGE of PHARMACY

### Professional Meeting Attendance Request Form (Classroom and Experiential Absences)

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Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Professional Meeting: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

Reason/Need to attend meeting: \_\_\_\_\_

Course(s) or rotation experience(s) affected: \_\_\_\_\_

Preceptor name for rotation experience: \_\_\_\_\_

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Dean of Student Services Signature

\_\_\_\_\_  
Date

Please go to: <https://uu-horizons.symplicity.com> to fill out the Travel Registry.

**Submit this form, signed by the student, to the Assistant Dean for Student Services at least 14 days prior to the meeting. Failure to meet this deadline may result in an automatic denial of the request.**

**NOTE:**

**Only students who are in good academic standing and/or performing satisfactorily during APPEs may be excused to attend meetings.**