**Anticipated Course Absence Plan**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Advisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_

**Current Program** (circle): WEC DAY Fast-Track **Reason for inability to attend** (circle): Pregnancy

**Explanation of contributing or complicating factors:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am currently enrolled in the following Nursing courses:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NURS** | | | | | | | | |
| Anticipated missed | LECTURES |  | LABS |  | DEMOS |  | CLINICALS |  |
| Make-up plan for missed work: |  | |  | |  | |  | |
| FACULTY/INSTRUCTOR |  | | | | COURSE COORDINATOR | |  | |
| **NURS** | | | | | | | | |
| Anticipated missed | LECTURES |  | LABS |  | DEMOS |  | CLINICALS |  |
| Make-up plan for missed work: |  | |  | |  | |  | |
| FACULTY/INSTRUCTOR |  | | | | COURSE COORDINATOR | |  | |
| **NURS** | | | | | | | | |
| Anticipated missed | LECTURES |  | LABS |  | DEMOS |  | CLINICALS |  |
| Make-up plan for missed work: |  | |  | |  | |  | |
| FACULTY/INSTRUCTOR |  | | | | COURSE COORDINATOR | |  | |
| STUDENT SIGNATURE |  | | | | BSN COORD. SIGNATURE | |  | |
| Comments: | | | | | | | | |

**NOTES:**

1. **This plan is pregnancy related, therefore a note from your physician will be required to release you for return to clinical and lab.**
2. **Any changes to this plan must be discussed with and approved by the faculty involved and the BSN Coordinator.**

CC: STUDENT\_\_\_\_\_\_ STUDENT FILE \_\_\_\_\_\_ FACULTY\_\_\_\_\_\_\_ BSN COORDINATOR \_\_\_\_\_\_\_ RETENTION COORDINATOR \_\_\_\_\_\_\_ TITLE IX COORDINATOR \_\_\_\_\_\_