



**Davao Medical School Foundation Inc.**  
**College of Nursing**



**EXCUSE SLIP**

Name of Student:

Year Level:

TEACHER/ C.I	SUBJECT	SUBJECT CLASSIFICATION*				DAY SCHEDULE		TEACHER/ C.I REMARKS
		LECTURE	SKILLS LAB	SCIENCE LAB	CLINICAL LAB	FROM	TO	

\* Please indicate time schedule in subject classification

\* Please indicate date on day schedule column (from – to)

Reason:

Dean's Remarks:

Excused

Unexcused

Others

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**VISMINDA B. BATOY, RN, COHN, MN**  
Dean, College of Nursing