



Davao Medical School Foundation Inc.

College of Nursing



EXCUSE SLIP

Name of Student: _____
Year Level & Section: _____ ID Number: _____ Date Filed: _____

	TEACHER/ C.I	SUBJECT	SUBJECT CLASSIFICATION (Please indicate time schedule)				DAY SCHEDULE (Please indicate date (from - to))		TEACHER/ C.I REMARKS
			LECTURE	SKILLS LAB	SCIENCE LAB	CLINICAL LAB	FROM	TO	
1.									
2.									
3.									
4.									
5.									

Reason: Family Medical Others: _____

Level Coordinator Assessment:

Excused Unexcused Others: _____

Dean's Remarks: _____

Reviewed & noted by:

LOLITA H. MANTE, RN, MAN
OIC – Dean, College of Nursing