



# 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:

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☐ Excused ☐ Unexcused ☐ Others: \_\_\_\_\_  
\_\_\_\_\_

Dean's Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed & noted by:

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