

CHIT FORM

Name _____ Date _____

Box # _____ FR ___ SOPH ___ JR ___ SR ___

CHECK ALL THAT APPLIES:

_____ **Transcript**

_____ **Student in Good Standing Letter**

_____ **Extramural Clerkship Letter**

_____ **Dean's Letter** _____

_____ **Letter of Recommendation**
(State purpose or schedule appointment with Dr. Kahn if personal.)

_____ **Other (Please specify)** _____

Excused Absence Letter

Have you notified your Course Director/Clerkship Director? Yes ___ No ___

Course/Service _____

Date of Absence _____

Write reason for absence _____

Course/Service _____

Date of Absence _____

Write reason for absence _____

CHECK ONE: Pick Up ___ , Mail ___ , or Fax ___ To: _____

FOR OFFICE USE ONLY:

Date Completed _____

Copy For Student's File _____

Copy Given To Student _____