College of Osteopathic Medicine
MICHIGAN STATE UNIVERSITY

# CLERKSHIP PROGRAM EXCUSED ABSENCE REQUEST FORM

Maximum allowable absences (OMS 3 and OMS 4): **2 days/4-week rotation, 0 days/2-week rotation**
Maximum allowable absences (OMS 4 OCT-JAN only. Increased for interviews ONLY): **4 days/4-week rotation, 2 days/2-week rotation.**
Maximum allowable Personal Day absences: **5/year** (personal day use must comply with maximum allowed absences).

☐ **I have reviewed the course syllabus for which the below absence(s) will take place. I have confirmed the below requests are in compliance with the syllabus.**

## Student Information

**Student name:**

**Email:**

**Rotation Location of requested Dates:**

**Name of Rotation:**

**Date(s) of Requested absence:**

**Phone:**

**Class Year:**

**Rotation Dates:**

**List all dates of prior or pending excused absences on this rotation.**

☐ **I have verified none of the above requested date(s) are the first day of a rotation.**

**Reason for absence request (select one of the below options):**

☐ Personal Day(s) absence request: (**Year 3**: August-June) (**Year 4**: July – Graduation).

Please check the number of personal days absences used this year (not including this request): ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

☐ Interview absence request: (Must comply with the maximum allowable time listed above, and only include time for interview and travel)

☐ Examination absence request: (Absence may be requested for Exam Date only!) Exam Type: Exam Date:

☐ Other: (Please describe)

**Additional MSUCOM Approved Absences (Check all that apply) Absences below will not count against or be included in the maximum totals listed above.**

☐ COMAT Exam: Please list COMAT Exam Date ☐ COMAT Study ½ day date: Date of absence ☐ AM ☐ PM

☐ CPCA Exam: Date of CPCA Exam:

☐ MSUCOM Recruitment Fair. Fair Date: ☐ MSUCOM Clerkship/Advisor Visit. Visit Date:

## Supervising Attending of Rotation: (Supervising Attending MUST sign for all student absences)

☐ Would support absence from rotation (if approved by the Rotation Site)

☐ Would not support absence from rotation Reason:

Supervising Attending Physician Signature

Printed Name: Date:

## Rotation Site Approval: (Exception: BH Coordinator signature NOT required if form only contains absences in 'Additional MSUCOM Approved Absences')

Request: ☐ Approved ☐ Denied

Medical Student Coordinator Signature: Date:

Printed Name:

Reason (Denial Only):

**MSUCOM Associate Dean for Clerkship Education** (Required for absences that exceed the maximum allowable time off, bereavement, or prolonged absences-ex. Illness, maternity, etc.)

☐ Contact the Associate Dean for Clerkship Education, Dr. Enright (enright4@msu.edu).

***Student: a completed form must be uploaded to the *Excused Absences* folder of the student's Medtrics profile***

**If an absence request has been approved and it is inadvertently the first day of a rotation, it will be subsequently denied.**