

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 (must also adhere to maximum allowable per rotation)

Students: Please review your course syllabus and the Clerkship Attendance Policy prior to submitting this form. It is your responsibility to follow any absence/make-up policy requirements of your course. Failure to comply with these requirements may result in an N grade for the

Student name: Email: Class Year: Site/Base Hospital: Date(s) of Absence: Name of Rotation: List all dates of prior or pending excused absences on this rotation: Reason for absence request: Personal Day(s) absence request Interview absence request Exam Type: Exam Date: Supervising Attending of Rotation	Tollow any absence, make up policy requirements of your cour	serialitie to comply with these requirements may result in an in grade for the	
Email: Class Year: Site/Base Hospital: Date(s) of Absence: Location: List all dates of prior or pending excused absences on this rotation: Reason for absence request: Personal Day(s) absence request Interview absence request Exam Type: Exam Date: Comments: Supervising Attending of Rotation This MSUCOM clerkship student has requested one or more days of excused absence from your rotation for the dates and stated rease above. Please complete this section to assist with form processing. Would support absence from rotation (if approved by the Rotation Site) Terms for making up the absence: Would not support absence from rotation Reason: Reason: Retation Site Approval Request Approval Request Approval Request Approval Request Approval Request Denied Reason: MSUCOM Associate Dean for Clerkship Education (Required for absences that exceed the maximum allowable time off, bereavement, or prolonged absence-ex. Illness, maternity, etc.) Contact the Associate Dean for Clerkship Education, Dr. Enright (enright4@msu.edu). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	Student Information		
Site/Base Hospital: Name of Rotation: List all dates of prior or pending excused absences on this rotation: Reason for absence request: Personal Day(s) absence request Interview absence request Exam Type: Exam Date: Supervising Attending of Rotation This MSUCOM clerkship student has requested one or more days of excused absence from your rotation for the dates and stated rease above. Please complete this section to assist with form processing. Would support absence from rotation (if approved by the Rotation Site) Terms for making up the absence: Would not support absence from rotation Reason: Supervising Attending Physician Signature: Printed Name: Request Approved Medical Student Coordinator Signature: Printed Name: Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	Student name:	Phone: ()	
Name of Rotation: List all dates of prior or pending excused absences on this rotation: Reason for absence request: Personal Day(s) absence request Interview absence request Exam Type: Exam Date: Comments: Supervising Attending of Rotation This MSUCOM clerkship student has requested one or more days of excused absence from your rotation for the dates and stated reason above. Please complete this section to assist with form processing. Would support absence from rotation (if approved by the Rotation Site) Terms for making up the absence: Would not support absence from rotation (if approved by the Rotation Site) Terms for making up the absence: Would not support absence from rotation Reason: Supervising Attending Physician Signature: Printed Name: Request Approved Medical Student Coordinator Signature: Printed Name: Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	Email:	Class Year:	
List all dates of prior or pending excused absences on this rotation: Reason for absence request: Personal Day(s) absence request Interview absence request Exam Type: Exam Date: Comments: Supervising Attending of Rotation This MSUCOM clerkship student has requested one or more days of excused absence from your rotation for the dates and stated rease above. Please complete this section to assist with form processing. Would support absence from rotation (if approved by the Rotation Site) Terms for making up the absence: Would not support absence from rotation Reason: Supervising Attending Physician Signature: Date: Printed Name: Request Approved Medical Student Coordinator Signature: Date: Printed Name: Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	Site/Base Hospital:	Date(s) of Absence:	
Reason for absence request Personal Day(s) absence request Interview absence request Exam Type: Exam Date: Comments: Supervising Attending of Rotation This MSUCOM clerkship student has requested one or more days of excused absence from your rotation for the dates and stated rease above. Please complete this section to assist with form processing. Would support absence from rotation (if approved by the Rotation Site) Terms for making up the absence: Would not support absence from rotation Reason: Supervising Attending Physician Signature: Date: Printed Name: Rotation Site Approval Request Approved Medical Student Coordinator Signature: Printed Name: Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	Name of Rotation:	Location:	
Personal Day(s) absence request Interview absence request Exam Type: Exam Date: Comments: Supervising Attending of Rotation This MSUCOM clerkship student has requested one or more days of excused absence from your rotation for the dates and stated reast above. Please complete this section to assist with form processing. Would support absence from rotation (if approved by the Rotation Site) Terms for making up the absence: Would not support absence from rotation Reason: Supervising Attending Physician Signature: Printed Name: Rotation Site Approval Request Approved Medical Student Coordinator Signature: Printed Name: Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	List all dates of prior or pending excused absences o	n this rotation:	
Interview absence request Exam Type: Exam Date: Comments: Supervising Attending of Rotation This MSUCOM clerkship student has requested one or more days of excused absence from your rotation for the dates and stated rease above. Please complete this section to assist with form processing. Would support absence from rotation (if approved by the Rotation Site) Terms for making up the absence: Would not support absence from rotation Reason: Supervising Attending Physician Signature: Date: Printed Name: Rotation Site Approval Request Approved Medical Student Coordinator Signature: Printed Name: Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	Reason for absence request:		
Examination absence request Exam Type: Exam Date: Supervising Attending of Rotation	Personal Day(s) absence request		
Supervising Attending of Rotation This MSUCOM clerkship student has requested one or more days of excused absence from your rotation for the dates and stated reasons above. Please complete this section to assist with form processing. Would support absence from rotation (if approved by the Rotation Site) Terms for making up the absence: Would not support absence from rotation Reason: Supervising Attending Physician Signature: Printed Name: Rotation Site Approval Request Approval Request Approval Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	Interview absence request		
This MSUCOM clerkship student has requested one or more days of excused absence from your rotation for the dates and stated reason above. Please complete this section to assist with form processing. Would support absence from rotation (if approved by the Rotation Site) Terms for making up the absence: Would not support absence from rotation Reason: Supervising Attending Physician Signature: Printed Name: Rotation Site Approval Request Approval Request Approved Medical Student Coordinator Signature: Printed Name: Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:		Exam Date:	
above. Please complete this section to assist with form processing. Would support absence from rotation (if approved by the Rotation Site) Terms for making up the absence: Would not support absence from rotation Reason: Supervising Attending Physician Signature: Date: Printed Name: Rotation Site Approval Request Approved Medical Student Coordinator Signature: Printed Name: Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	Supervising Attending of Rotation		
Would support absence from rotation (if approved by the Rotation Site) Terms for making up the absence: Would not support absence from rotation Reason: Supervising Attending Physician Signature: Date: Printed Name: Rotation Site Approval Request Approved Medical Student Coordinator Signature: Date: Printed Name: Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	· · · · · · · · · · · · · · · · · · ·		
Terms for making up the absence: Would not support absence from rotation Reason: Supervising Attending Physician Signature: Printed Name: Rotation Site Approval Request Approval Medical Student Coordinator Signature: Printed Name: Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	above. Please complete this section to assist with form pro	ocessing.	
Would not support absence from rotation Reason: Supervising Attending Physician Signature: Printed Name: Rotation Site Approval Request Approved Medical Student Coordinator Signature: Printed Name: Request Date: Printed Name: Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:		otation Site)	
Reason: Supervising Attending Physician Signature: Printed Name: Rotation Site Approval Request Approved Medical Student Coordinator Signature: Printed Name: Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	_ ·		
Supervising Attending Physician Signature: Printed Name: Rotation Site Approval Request Approved Medical Student Coordinator Signature: Printed Name: Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:			
Request Approval Request Approved Medical Student Coordinator Signature: Printed Name: Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:		Date:	
Request Approved Medical Student Coordinator Signature: Printed Name: Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:			
Request Approved Medical Student Coordinator Signature: Printed Name: Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	Rotation Site Approval		
Printed Name: Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:			
Request Denied Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	Medical Student Coordinator Signature:	Date:	
Reason: 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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	Printed Name:		
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). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	Request Denied		
bereavement, or prolonged absences-ex. Illness, maternity, etc.) Contact the Associate Dean for Clerkship Education, Dr. Enright (enright4@msu.edu). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	Reason:		
Contact the Associate Dean for Clerkship Education, Dr. Enright (enright4@msu.edu). For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	MSUCOM Associate Dean for Clerkship Education (Required for absences that exceed the maximum allowable time off,		
For MSUCOM Use Only Instructor of Record (IOR) Approval Date:	bereavement, or prolonged absences-ex. Illness, maternity, etc.	.)	
Instructor of Record (IOR) Approval Date:	Contact the Associate Dean for Clerkship Education, Dr. Enright (enright4@msu.edu).		
	For MSUCOM Use Only		
Reason (if request denied):	Instructor of Record (IOR) Approval Date:		
	Reason (if request denied):		

^{*}A signed copy of this form must be uploaded to the Excused Absences folder of the student's Medtrics profile*