MSU College of Osteopathic Medicine
Clerkship Program Excused Absence Request

All absence requests are subject to:
- limitations as outlined in the course syllabus
- Medical Education Office approval (DME or Authorized Signatory)
- MSUCOM Attendance Policy (cannot miss first or last day of rotation)
- Conditions for Makeup (should be clearly defined)

Section to be filled out by Student:

Name: ___________________________________________________________________
Email address: _____________________________ Phone #: _____________________
Rotation Details: Date of rotation: __________ Location/Service: ______________
Date(s) of Absence: List each date: _________________________________________
Reason for absence (give details, and purpose of absence); if applicable, attach documents pertaining to request (If more space is needed, please add attachments or write on the back of form):
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Student Signature __________________ Date __________

Section to be filled out by the Attending:

☐ Request Approved
Please list any conditions of approval or terms for making up absence (If more space is needed, please add attachments or write on the back of form):
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Attending Printed Name: __________________ Date: ________ Signature: ____________
Student Printed Name: __________________ Date: ________ Signature: ____________

☐ Request Denied
Reason for Denial (If more space is needed, please add attachments or write on the back of form):
☐ First Day of Rotation
☐ Last Day of Rotation
☐ Request submitted less than 30 days
☐ Inadherence to requirements of Syllabus
☐ Other (Please explain below)
___________________________________________________________________________
___________________________________________________________________________

DME, Attending, or Medical Education Office Authorized Signatory __________________ Date __________

Please scan completed form with appropriate signature(s) and send to: OsteoMedReg@hc.msu.edu for review.

*****MSUCOM will deny requests that do not meet MSUCOM Attendance Policy Guidelines*****
Attendance at all scheduled Clerkship activities is mandatory.

If a student is unable to be present for a scheduled clerkship activity because of extenuating circumstances, the student is required to complete a Clerkship Excused Absence Request form. In all cases except for emergencies or sudden illness, requests for scheduled absences are to be submitted at least 30 days prior to the date(s) of absence. Absences are not approved until the form is completed with all required signatures. Once approved, the student is required to notify their preceptor of their absence within 24 hours. Failure to complete this form or obtain required signatures will result in an unexcused absence from the rotation. Unexcused absences are considered unprofessional behavior and could be noted as a mark of unprofessionalism on the student’s performance evaluation, and may lead to failure of the rotation.

An absence request for the first or last day of the rotation will be denied.

All absences (excused or unexcused) must be made up as specified on the Excused Absence Form as outlined under the conditions of approval. Makeup experience will be determined by the Director of Medical Education and may include additional clinical day(s) or written assignment(s).

If a student has an emergency or sudden illness they should immediately notify the Director of Medical Education and rotation preceptor. The excused absence request form must be submitted to the Medical Education Office within 24 hours of the original emergency or sudden illness notification.