



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)
 No absence is allowed on the first day of any OMS 3 or OMS 4 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 Information

Student name: _____ **Phone:** () _____
Email: _____ **Class Year:** _____
Site/Base Hospital: _____ **Date(s) of Absence:** _____
Name of Rotation: _____ **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

Examination 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

Reason:

Supervising Attending Physician Signature: _____ Date: _____

Printed Name:

Rotation Site Approval

Request Approved

Medical Student Coordinator Signature: _____ Date: _____

Printed Name:

Request Denied

Reason:

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

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

For MSUCOM Use Only

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