

Oakland University William Beaumont School of Medicine
ABSENCE REQUEST/DOCUMENTATION FORM
For use in M3 M4 assignments only

Student's Name:
Course or Clerkship:
Semester/Year:

Date of absence(s):
Number of hours requested off: _____ **AM** or _____ **PM**

Reasons for absence: *(Additional documents may be necessary.)*
Supervising faculty and clerkship leadership must be notified. As available, please provide documentation or evidence such as physician note, conference program, etc.

Type of absence:
 Unanticipated
 Anticipated

For unanticipated absences: Whom did you notify? _____

Have you had any other requests for absences in this course/clerkship?

- Yes
 No

If so, how many? _____

For anticipated absences, what is the reason for absence?

May select more than one reason

- Religious observance
 Professional conference attendance
 Leadership role
 Invited presentation with OUWB faculty member
 Major family event
 Medical leave, family or personal
 Other _____

Please provide documentation or evidence, such as conference invitation and/or program, physician note, etc.

Student signature: _____ **Date:** _____

Oakland University William Beaumont School of Medicine
CLERKSHIP DIRECTOR'S RESPONSE TO REQUEST FOR/NOTIFICATION OF
ABSENCE

Student's Name:

Course or Clerkship:

Semester/Year:

Date request/notification was filed:

Instructions to director: Please consider the student's request and documentation related to the absence. Determine whether the absence is excused or unexcused. Determine what alternative learning options are available and/or required based on the absence.

- If course requirements are not met prior to the end of the course/clerkship, please assign a grade of Incomplete and provide the student with a list of pending requirements.
- If a student was absent without excuse, please complete a professionalism feedback form.

ABSENCE IS

EXCUSED

UNEXCUSED

Instructions to student regarding alternative learning options and requirements:

Director's Signature: _____ **Date:** _____

Associate Dean's Signature: _____ **Date:** _____