



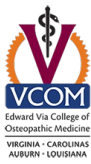
OMS 1 and 2 Student Request for a Planned Excused Absence

Planned excused absences are those that a student is aware of a minimum of 15 days prior to the absence and requires an absence from a Mandatory Learning Activity.

Students requesting a planned excused absence must complete and submit Part A and return this form in its entirety and all required documentation to the Office of Medical Education a minimum of 15 days prior to the requested absence to assure all requirements can be met upon returning. If requesting a planned excused absence for a medical procedure/condition known in advance, the student must also submit Part C, completed by the treating physician, upon returning to class, to the Office of Medical Education.

Submission of this form does not guarantee an excused absence. Students are strongly encouraged not to make any travel plans before receiving an approval. Additional documentation may be required.

Part A: Completed by the student and submitted to Med Ed		
Student Name:	<input type="checkbox"/> OMS 1 <input type="checkbox"/> OMS 2	Date Submitted:
Date(s) Requested: Start:	End:	# of days absent:
Reason for request: <ul style="list-style-type: none"> <input type="checkbox"/> Conference; explain: <input type="checkbox"/> VCOM Sponsored Activity, explain: <input type="checkbox"/> Medical Procedure, explain: <input type="checkbox"/> Court Appearance, explain: <input type="checkbox"/> Special Event (i.e. wedding, graduation), explain: <input type="checkbox"/> Other, explain: 		
Required documentation attached (list):		
Name of Course(s) to be Missed: (list each course on a separate row)	Mandatory Learning Activities to be Missed: (list all MLA lectures, labs, exams, SGLs, etc. that you would miss)	Date(s) to be Missed:
I attest that my submission for a planned excused absence is accurate and truthful. I understand that providing false information to the College is prohibited under the Honor Code of Conduct and may result in disciplinary action.		
_____ Student Signature		_____ Date



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Part B: Office Use Only	
This section completed by the Director for Medical Education:	
Date form submitted:	
Absences:	Number of excused absences this block _____ ; this AY _____ Number of unexcused absences this block _____ ; this AY _____
Student has failing grades this block or is on academic probation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Impact of Absences: Absence will interfere with the academic work of other students. <input type="checkbox"/> Yes <input type="checkbox"/> No Absence will result in missing a required assignment that is difficult to make-up. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either of the above, list:	
Director for Medical Education Signature:	Date:
This section completed by the Associate Dean for Student Affairs if absence request is due to a conference:	
Student has met the conference limit this academic year (1 conference per AY). <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student is Officer/Rep and is required to attend more than 1 conference per AY. <input type="checkbox"/> Yes <input type="checkbox"/> No	
The conference is one that has been approved by the Campus Dean. <input type="checkbox"/> Yes <input type="checkbox"/> No	
AD for Student Affairs recommendation: <input type="checkbox"/> Recommend Excused Absence <input type="checkbox"/> Do not Recommend Excused Absence (final approval granted by the AD for Pre-Clinical Education)	
Associate Dean for Student Affairs Signature:	Date:
This section completed by the Associate Dean for Pre-Clinical Education:	
Decision: <input type="checkbox"/> Excused Absence granted for the dates requested <input type="checkbox"/> Excused Absence granted for the following day(s) ONLY: <input type="checkbox"/> Excused Absence not granted <input type="checkbox"/> Additional documentation required prior to approval (list): <input type="checkbox"/> Additional documentation required upon return to school (list):	
Associate Dean for Pre-Clinical Education Signature:	Date:



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Part C - Physician Use Only (to be completed for medical absence and reviewed by the Campus Dean):

To the Physician: A student of The Edward Via College of Osteopathic Medicine (VCOM) is making a request for a planned excused absence for a medical procedure or condition that was planned and known a minimum of 30 days prior to the absence. VCOM requires documentation from the treating physician in support of the request for an excused absence and the College reserves the right to ask for additional documentation. It is the student who is making this request, and is to authorize you to provide medical information.

Student Name:

Treatment Dates Date(s) student was examined/hospitalized:

First date student was unable to attend class:

Date student may return to class:

Upon returning to class the student is:

Not restricted of activity/no modifications needed

Restricted from activity/modifications needed (specify below):

Restriction(s):

Length of Restriction(s):

Laboratory test results attached? Yes No

Diagnosis:

Reason for Absence: Hospitalization Confinement to Bed Confinement to Home

Surgery, explain:

Otherwise Restricted, explain:

Licensed Physician/Other Practitioner Signature:

Date:

Printed Name:

Degree:

Physician Relationship to Student (disclose all that apply): Primary Care Physician of Student

Other, explain: