Approval Checklist for Student Attendance at Professional Meetings and Events

OMS-I and OMS-II Students

STUDENT: ____________________________ Event/Dates: ____________________________

1. Office of Registrar:
   a. _____ This student is in good academic standing with at least a GPA of 2.5.
   b. Signature: ____________________________ Date: ____________________________

2. Course Coordinator:
   a. _____ I APPROVE the student’s absence from:
      i. Course: ____________________________
      ii. Make up work is:
         1. _____ Not required.
         2. _____ Required as follows:
            a. Make-up assignments: ____________________________
               ____________________________
               ____________________________
            i. Date and time: ____________________________
      b. Testing to be completed: ____________________________
         ____________________________
         i. Date and time: ____________________________
   b. _____ I DISAPPROVE the student’s attendance:
      i. _____ Not in good academic standing in my course
      ii. _____ Other: ____________________________
   c. Signature: ____________________________ Date: ____________________________

3. Associate Dean for Enrollment Management:
   a. _____ I APPROVE the student’s attendance.
   b. _____ I DISAPPROVE the student’s attendance.
      i. Explanatory Note: ____________________________
   c. Signature: ____________________________ Date: ____________________________

Cc: Joan Stewart, D.O., Associate Dean for Clinical Education
    Robert Sammons, M.A., Director of Clinical Education
    Angela Bacon, M.S., Director of Student Affairs