Approval Checklist for Student Attendance at Professional Meetings and Events

OMS-III and OMS-IV 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. Clerkship Course Coordinator:
   a. _____ I APPROVE the student’s absence from:
      i. Clerkship: ________________________________
      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 Clinical Education:
   a. _____ I APPROVE the student’s attendance.
   b. _____ I DISAPPROVE the student’s attendance.
      i. Explanatory Note: ________________________________
   c. Signature: ________________________________ Date: ________________________________

Cc: Vivian Stevens, Ph.D., Associate Dean for Enrollment Management
    Angela Bacon, M.S., Director of Student Affairs