

**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):**

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**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.*

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**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:**

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**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:**

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**Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_