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): 

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: ________________
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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: ________________