



CENTER FOR HEALTH SCIENCES
OKLAHOMA STATE UNIVERSITY

Approval Checklist for Student Attendance at Professional Meetings and Events
OMS-III and OMS-IV Students

STUDENT: _____ **Banner ID:** _____

Event/Dates: _____

Purpose of attendance: (check one)

_____ to represent OSU-CHS as a student leader, officer, or liaison. Name of club/organization: _____

_____ to present research findings

_____ for professional development

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. _____ 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: _____