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: ________________

Cc: Jeff Hackler, J.D., M.B.A., Assistant Dean for Enrollment Management.
    Angela Bacon, M.S., Interim Assistant Dean for Student Life.
    Lori Boyd, M.S., Director of Clinical Education.